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Country programme document

Serbia**

Summary

The country programme document (CPD) for Serbia is presented to the Executive Board for discussion and approval at the present session on a no-objection basis. The Executive Board is requested to approve the aggregate indicative budget of $4,270,000 from regular resources, subject to the availability of funds, and $17,181,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.
** The addendum to this document (E/ICEF/2015/P/L.16/Add.1) covers UNICEF activities in Kosovo under United Nations Security Council resolution 1244 (1999).

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Programme rationale[1]

1. Serbia is making good progress in legislative and public sector reforms, and working towards meeting international standards in the fields of education, social protection, health, justice and anti-discrimination. Although Serbia is an upper-middle-income country and a European Union candidate country, inequalities persist between rural and urban areas, and among regions and ethnic groups. The Government, while recognizing that most social indicators for children reflect positive trends, took the bold initiative of investing in the production and analysis of disaggregated data. These point to considerable inequities. Children living in the poorest areas, or in isolated rural areas, Roma children, and children with disabilities (CWD) face multiple deprivations, have less access to services and are the ones most affected by social norms perpetuating discriminatory attitudes and behaviours. Over 60 per cent of adults consider discrimination to be widespread, and an additional 36 per cent perceive that discrimination has increased over the last three years.[2]

2. In 2013, 8.6 per cent of the population lived in absolute poverty,[3] with higher rates in rural areas, including for children up to 13 years (11.9 per cent). According to EUROSTAT, 30 per cent of children under 18 are at risk of poverty,[4] compared with 24.6 per cent of the general population. Despite a reduction of child mortality rates at the national level, regional disparities persist: the 2014 Multiple Indicator Cluster Survey (MICS)[5] found that among Roma,[6] the infant and under-five mortality rates, at 13 and 16 per 1,000 live births, respectively, were twice as high as the national average. Ten per cent of Roma children under five were underweight (as opposed to a 2 per cent national average), and 19 per cent stunted (average 6 per cent), while only 13 per cent were fully vaccinated (compared with 71 per cent national average). The 2014 MICS confirmed that children living in poverty lack adequate nutrition, are twice as likely to be underweight, and have less access to health care and lower education achievement. A determinant analysis carried out according to the Monitoring Results for Equity System (MoRES) revealed the following structural barriers to improving these trends: inefficient investment in social protection, complicated procedures and inadequate targeting that leave too many children unprotected, and an economic crisis that has reduced the fiscal space for social investment.

3. The demand for early childhood development (ECD) services remains largely unmet, affecting in particular children with developmental difficulties. The 2014 MICS findings shows that early learning programmes were attended by half of boys and girls aged 3-4 on average, but only by 9 per cent of the poorest children and

[1] Since 1999, the Statistical Office of the Republic of Serbia (SORS) has been unable to provide certain data for AP Kosovo and Metohija, (UNSCR 1244/99), as the Republic of Serbia does not cover the data.

[2] United Nations Development Programme, *Citizen Attitudes towards Discrimination in Serbia*, 2012.

[3] Second National Report on Social Inclusion and Poverty Reduction in the Republic of Serbia for the period 2011-2014, 2014 (The national absolute poverty line was defined as 11,020 dinars for an adult in 2013).

[4] Ibid.

[5] SORS and UNICEF, 2014. Serbia MICS and Serbia Roma Settlements MICS, final reports, (Belgrade: SORS and UNICEF, 2014).

[6] The 2014 Serbia Roma Settlements MICS is representative of Roma settlements.

6 per cent of Roma. Only 1.2 per cent of CWD attended preschool.[7] A determinant analysis conducted with partners revealed that the main bottlenecks in ECD services included insufficient capacity, uneven distribution of facilities, financial constraints on poor parents, inadequate understanding of the importance of preschool education, as well as a lack of diversity of programmes and service providers.

4. The 2014 MICS also shows that only 69 per cent (63 for boys and 76 for girls) of Roma children have timely primary school entry[8] and 64 per cent complete primary school, compared with 97 and 93, respectively, for all children. The proportion of adolescents attending secondary school is 89 per cent for the general population, yet it is only 22 per cent of Roma children (15 per cent girls). Administrative data[9] show that 88 per cent of girls and 81 per cent of boys have completed secondary school in Serbia. However, one third of pupils aged 15 are functionally illiterate.[10] This points to an education of inadequate quality that requires modernization of the curriculum and teaching methods. Despite the existence of a legal framework for inclusive education, current bottlenecks include negative societal attitudes, inadequate teachers' capacities, scarce resources and insufficient intersectoral coordination to support inclusion and prevent dropout.

5. Currently, 6,047 children[11] are separated from their parents and placed in formal care. The proportion of children placed in institutions compared to alternative care is decreasing, but the total number of children placed in formal care continues to grow, with a 36 per cent increase between 2000 and 2013. Roma children represent 26 per cent[12] of all children in formal care, while CWD make up 59 per cent of all children in residential care. Boys account for 60 per cent of children in residential care. The key bottlenecks to improvement are the lack of family support mechanisms to prevent unnecessary family separation, and community services that are not yet fully sustainable and therefore reach only a relatively small number of children.

6. Violence against children is increasingly recognized and reported. MICS 2014 shows that 44 per cent of boys and 42 per cent of girls up to 14 years of age experienced violent discipline at home, with almost half of all cases of family violence involving child victims.[13] Reports of neglect are most numerous, followed by physical and emotional abuse, with less reporting on sexual violence. In addition, 70 per cent of boys and 68 per cent of girls (grades 6-8) experienced gender-based violence[14] in school. Despite the progress made in establishing a legal and policy framework for the advancement of women's rights and gender equality, women, particularly girls, remain vulnerable to discrimination and violence. Major bottlenecks in this area are weak implementation of the relevant policies, poor cross-sectoral

[7] *The Costing of Preschool Education*, UNICEF, 2012.

[8] Primary and secondary education in Serbia include eight grades and four grades, respectively.

[9] SORS, DevInfo, 2011.

[10] PISA, Programme for International Student Assessment, 2012.

[11] The Ministry of Labour, Employment, Veterans and Social Affairs information system end-year data, 2013.

[12] Centre for Research in Social Policy and Social Work of the Faculty of Political Sciences of Belgrade University and UNICEF, *Monitoring the Causes, Decision-making Processes and Outcomes for Children in Care*, 2013.

[13] Republican Institute for Social Protection, 2013.

[14] Survey on Gender-based Violence in Schools, UNICEF, 2014.

coordination to ensure timely reporting and referral, and partially functioning protection and response systems.

7. The application of diversion measures for juvenile offenders remains scarce (5 per cent of reported cases),[15] alternative sanctions aimed at supporting the reintegration of juveniles are few, and legally defined procedures for the protection of child victims/witnesses are not uniformly implemented. There are no national data systems to monitor the participation of children in civil proceedings. Official data point to prolonged civil and criminal court cases in which a child is either a victim or an interested party.

8. Despite significant improvement of the national monitoring and oversight systems, administrative data are not sufficiently disaggregated. As a result, bottlenecks and barriers, especially regarding the status of Roma children and CWD, cannot be fully identified. In order to overcome persistent bottlenecks, further analysis and technical solutions are needed to improve the efficiency and effectiveness of existing programmes and services for children. This is especially true in the context of the prolonged economic crisis, budget constraints and the widening equity gap between the general population and vulnerable[16] groups. Information management systems at all levels of government need to be strengthened in many sectors, particularly in education. Independent monitoring of child rights and prompt response to child rights violations by independent human rights institutions and civil society are critical, as is the further strengthening of these actors, to enable them to assume a more prominent role in monitoring and advocating for child rights.

9. Television, radio, social media and traditional media have enormous potential to change certain social norms and attitudes, support behavioural change where needed, and promote child rights. Serbia has a diverse media scene and is the regional leader in the number of television stations per capita: 73 per cent of the population over age 4 watch television daily.[17] There are over 4 million active Internet users, and 93 per cent of users aged 16-24 have Facebook and Twitter accounts.[18] However, the use of information and communication technology is much lower among vulnerable groups: only 25 per cent of young Roma women compared to 85 per cent of women in the general population.[19]

10. The role of the private sector in support of the realization of child rights is increasing. More than 150,000 individuals and around 1,000 businesses[20] contributed to UNICEF programmes during 2011-2014. The global Children's Rights and Business Principles initiative engaged leading corporate representatives in Serbia and facilitated further interest within the business sector for the promotion of child-focused corporate social responsibility.

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[15] SORS, 2012.

[16] Vulnerable families are those that face one or multiple deprivations or risks that jeopardize a child's growth and development. Among others, these deprivations include poverty, violence and the risk of family separation, disability and exclusion.

[17] European Journalism Centre <http://ejc.net/media_landscapes/serbia>.

[18] Statistical Office of the Republic of Serbia, Information Technologies 2014, http://webrzs.stat.gov.rs/WebSite/repository/documents/00/01/53/6817-Informacione_tehnologije.pdf.

[19] Ibid.

[20] UNICEF Serbia Private Sector Fundraising Database.

11. There is a growing number of registered asylum seekers: for children this increased from 1,387 in 2013 to 2,774 in 2014. In addition, major flooding and landslides in 2014 highlighted the exposure of Serbia to natural disasters: 1.6 million people (270,000 children) were affected, especially those from the poorest socioeconomic strata. Despite the rapid response in 2014, the emergency pointed to weaknesses in the coordination and overall capacity for Disaster Risk Reduction (DRR) and preparedness.

Programme priorities and partnerships

12. The overall goal of the country programme is to support the efforts of Serbia to promote and protect the rights of all children and to give all children equal opportunities to reach their full potential. The programme will focus on supporting vulnerable children from the very start of life, and will enhance the social welfare system's capacity to prevent vulnerable families from falling below the poverty line.

13. To reduce and gradually eliminate the consequences of poverty on children, the programme of cooperation will strengthen the capacities of families to provide a safe, nurturing and caring environment for their children. Particular attention will be paid to parents' access to knowledge and services that can help them to adopt practices and behaviours fostering the early development of their children. This is particularly important for children facing multiple deprivations, Roma children and children with developmental difficulties. In parallel, behavioural-change strategies will tackle discriminatory social norms and attitudes. Increased attendance by vulnerable children in inclusive early learning and school readiness programmes will foster early social inclusion. Through participation in quality inclusive primary and secondary education, vulnerable children will be able to increase their chances of a better life and more meaningful participation in society. Securing higher enrolment of Roma girls in secondary school will be a priority to improve equity in education. The programme will also support an increased access to justice for children as well as the strengthening of monitoring mechanisms by independent bodies and civil society.

14. These programme priorities derive from the Government's strategies and plans, European Union (EU) accession priorities, as well as from the obligations of Serbia through its ratification of human rights treaties and conventions. The country programme will support the Sustainable Development Goals, and directly contribute to eight of the nine outcomes of the United Nations Development Partnership Framework (UNDPF), under four of its five pillars. Engagement in these areas will contribute to the realization of the four outcomes of the UNICEF Strategic Plan related to health, education, child protection and social inclusion, and it will also help to advance key regional results.

15. The 2013 midterm review recognized that Serbia had continued to make progress in the comprehensive reform of social sectors. The mix of strategies applied under the previous country programme was found to be effective in removing key barriers and bottlenecks. Particularly successful was the combination of policy advice, evidence from modelling, and knowledge generation that enabled essential legislative revision: the ban on the institutionalization of children under 3 years of age and the setting of standards for community services; the modelling of new community services and the related capacity-building of service providers; and the generation of new knowledge on the status of children in formal care and the

benefits of community services. These interventions had a considerable impact on advancing public sector reforms. The previous programme of cooperation provided important lessons also on how to further reduce the number of children in residential care,[21,22] while inclusive education policies secured a strong commitment for equal access for all boys and girls, Roma children and CWD, which is reflected in the increasing number of Roma and CWD in education.[23]

16. The country programme will build on these results to address key bottlenecks and barriers to equity through the sharing of technical expertise and advice on adequate human resources and budgetary allocation, intersectoral cooperation and effective child rights monitoring that will enable improved policy implementation. This will be done by developing social change strategies fostering non-discriminatory social norms, supportive of social inclusion, positive parenting and a zero tolerance of violence; by modelling programmes and services and strengthening the accountability of service providers with a focus on reaching vulnerable children, thus enhancing the coverage and quality of social services; and by empowering vulnerable families to become more aware of their rights and entitlements and to demand them.

17. Emergency preparedness and DRR-related interventions will be applied to increase the resilience and capacity for emergency response in the social welfare, education and health sectors. Gender disparities will be addressed through mainstreaming interventions in all programme components. Government will be supported to ensure availability of data disaggregated by location, sex, age, disability and wealth quintiles, whenever feasible. Progress will be continuously monitored to ensure that sufficient attention, resources and partnerships are generated to remove persistent barriers to equity.

18. The country programme will be implemented through close partnerships with relevant ministries and other State bodies at all levels, and other United Nations agencies, emphasizing intersectoral cooperation. Continued cooperation with the EU will be prioritized through joint support for policy implementation and for child rights to be adequately prioritized within the EU accession process.

Child rights monitoring and justice for children

19. This programme component will contribute to further developing mechanisms for monitoring and addressing human rights violations, and it will also enhance children's access to justice.

20. Cooperation with independent bodies and civil society will be strengthened so that these partners are better able to monitor and report on the realization of child rights. The availability of reliable disaggregated data will be enhanced by improving the national data collection and management systems, particularly in the domains of inclusive education, violence prevention and monitoring changes in social norms. UNICEF technical expertise will contribute in particular to increasing the availability of data on the status of CWD and Roma. The use of data for evidence-

[21] Promeso Consultants "*Development of Community Based Services for CWD and their Families*", Final Evaluation Report, 2013.

[22] Multi-Country Evaluation (MCE), "Child's Right to a Family Environment", Final Evaluation Report, 2015.

[23] MCE, "*Including all Children into Quality Learning*", Final Evaluation Report, 2014.

based policymaking will be promoted through external communication and public advocacy.

21. The justice system will be supported to adequately respond to violations of child rights and to work in the best interests of the child. This will be achieved by supporting the reintegration of juvenile offenders, so as to increase the use and improve the quality of diversion schemes and alternative sanctions; by securing the full protection of child victims/witnesses; by advancing child participation during civil proceedings; and by strengthening the capacities of free legal aid entities to handle child rights violations. UNICEF will support capacity development of justice, guardianship authority and social work professionals, promote innovative services for juvenile offenders and child victims and will engage in policy dialogue to ensure sustainability of new child-friendly practices in the justice system.

Strengthening vulnerable families

22. This component will contribute towards the provision of efficient and effective social protection services and transfers, so that more vulnerable children live in safe, caring and nurturing environments, and their families increase their resilience to poverty and external shocks.

23. The programme will focus specifically on supporting an enabling environment to strengthen the most vulnerable families. This will be achieved through modelling family and parental support services and developing flexible forms of fostering and kinship care; by enabling the social work system to provide services based on the principles of respect for the views of clients and non-discrimination; by improving the efficiency and effectiveness of financial transfers for children living in poverty and for CWD; and through the development and implementation of policies for the protection of children against violence. UNICEF will contribute with evidence-based technical advice, capacity-building of social workers and other child service-related practitioners and by strengthening partnerships and intersectoral cooperation between social work, education, justice and health sectors. Zero tolerance of violence against children and domestic violence will be promoted through joint public advocacy with civil society organizations (CSOs) and public and private partners, aimed at changing discriminatory social norms and calling for higher accountability of duty-bearers.

Young child well-being

24. This programme component will contribute to increasing the access of vulnerable children and their parents, particularly children living in poverty, Roma children and children with developmental difficulties, to quality, gender-sensitive health and other early childhood services for children aged 0-6.

25. The programme will focus on strengthening the health system's ability to provide ECD services to vulnerable children. It will support the development of capacities of maternal and neonatal services to apply family-centred approaches, as well as to secure a continuum of care in service provision, particularly in districts with the highest perinatal mortality. The component will also enhance the health and other systems' capabilities to provide quality outreach and home-visiting services to vulnerable children and women. Improving parental knowledge and competencies for ECD and care (including on adequate nutrition and timely immunization) will be prioritized.

26. These results will be achieved through the alignment of policies, legislation and services with internationally approved standards; by strengthening capacities in health and other sectors to provide innovative perinatal and early childhood services; and by building the capacity of parents to apply positive practices and demand quality perinatal and ECD services. UNICEF will contribute with modelling and technical advice and through the generation, exchange and use of new knowledge and evidence to attract investments in ECD programming. UNICEF will act as a convener to foster greater dialogue, collaboration and synergies between health, social/child protection and education sectors.

Quality and inclusive early learning and pre-university education

27. This programme component will work towards greater participation in inclusive and relevant early learning and quality pre-university education by vulnerable children, with particular attention to children living in poverty, Roma girls and CWD.

28. The programme will support the education system to adopt, plan, implement and monitor inclusive education, gender-sensitive and non-discriminatory interventions which can effectively prevent and respond to school dropout. Increased access and quality of preschool education will be achieved by strengthening the legal and institutional frameworks enabling development of preschool programmes diversified in terms of content and duration; by developing an efficient and equitable funding system that facilitates the inclusion in schools of the most vulnerable children; and by increasing awareness of the importance of preschool education. UNICEF will contribute to the achievement of these results with high-level technical advice for modelling new and inclusive early learning services, and with evidence-based public advocacy and social change communication.

29. This component will also contribute towards greater inclusion and retention of vulnerable children in school, and will improve education quality and learning outcomes. This will be achieved by increasing the relevance of the curricula, improving pre and in-service teacher education, supporting ICT for better learning, advancing the quality assurance systems, developing dropout prevention and responses, promoting horizontal learning to support low-performing schools and by fostering positive practices and changes of discriminatory social norms and attitudes. Empowerment and engagement of parents and children will also be promoted.

Public Advocacy, partnerships, communication and social mobilization for child rights

30. This programme component will support national and subnational institutions, the media and their regulatory agencies, the private sector, CSOs, as well as children and families themselves to increase awareness about behaviours, norms and social determinants that affect the well-being of children. This will help to improve the knowledge on the status of the realization of child rights, particularly for the most vulnerable, and to raise awareness about inequities and disparities that need to be addressed. UNICEF will deploy a mix of communication, advocacy and social mobilization strategies. Traditional, digital and social media platforms will be used to reach new audiences. Stronger partnerships will also be forged with key stakeholders and advocates from civil society, UNICEF National Ambassadors and

the private sector. Special efforts will be made to document good practices and engage in horizontal exchange among various levels and sectors, both within the country and beyond borders.

31. Strategic cooperation with non-governmental organization coalitions working on systemic changes for children will continue. Collaboration with research institutes, universities and think tanks will build stronger infrastructure for knowledge generation on children. UNICEF will play an active role in promoting and advancing child rights within the business sector centred on the Children's Rights and Business Principles. Alliances with the corporate sector and the media will contribute to the promotion of positive gender-equitable social norms and will enable the leveraging of resources for children.

Cross-sectoral

32. This cross-cutting component will contribute to advancing child rights by promoting national dialogue on social norms regarding the most marginalized children. Public advocacy will work synergistically with the other programme components, complementing technical and policy advice to advance relevant outcomes. UNICEF will support strategic partnerships and broad coalitions that are crucial to advocate for child rights, and to reduce equity gaps.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child rights monitoring and justice for children	1 124	3 157	4 281
Strengthening vulnerable families	475	4 467	4 942
Young child well-being	878	2 595	3 473
Quality and inclusive early learning and pre-university education	703	4 975	5 678
Public advocacy, partnerships and social mobilization for child rights*	353	1 607	1 960
Cross-sectoral	737	380	1 117
Total	**4 270**	**17 181**	**21 451**

* Including other resources to fund resource mobilization for the programme, both within and outside the country. As income rises, the total other resources ceiling will be raised periodically to accommodate increasing resource mobilization.

Programme and risk management

33. This CPD outlines the UNICEF contribution to national results and serves as the primary unit of accountability towards the Executive Board for results alignment and resources assigned to the programme at the country level. The accountability of managers at the country, regional and headquarters level, with respect to country programmes, are prescribed in the organization's programme and operations policies and procedures.

34. The key risks relate to natural hazards, partnerships and modalities for funding resource mobilization. As a mitigating measure, UNICEF and its partners will ensure that disaster risks are assessed, monitored regularly and fed into effective early warning mechanisms. With respect to partnerships, fund transfers and activity implementation are regularly monitored through the principles of the Harmonized Approach to Cash Transfers.

35. The United Nations Country Team has agreed to adopt the Standard Operating Procedures of the Delivering as One approach that are relevant to the Serbian context and United Nations roles, and will establish the relevant mechanisms in order to coordinate UNDPF planning, implementation, monitoring and evaluation.

Monitoring and evaluation

36. The programme will focus on monitoring barriers and bottlenecks faced by the most disadvantaged children and families. UNICEF will provide high-level technical advice to key partners, such as the statistical office, line ministries and relevant research institutes, to enable better data collection and management systems and to extend the range of disaggregated data available on a routine basis. Particular effort will be invested in encouraging a more regular use of data and reporting on the status of children by the Government, independent institutions and civil society.

37. The UNDPF Strategic Results Matrix will serve as the overall framework for monitoring UNDPF outcomes. UNICEF will collaborate with other United Nations agencies in its effort to support national data-collection systems, management capacities and tools, so as to fill data gaps and support sound monitoring of national and international goals and commitments, including the Sustainable Development Goals.

38. Baselines for the programme are set based on the Multiple Indicator Cluster Survey (MICS) 2014 in Serbia and the special MICS 2014 for Serbia Roma Settlements, as well as other recent data sources. Additional knowledge generation will cover data gaps related to specific requirements. Major planned evaluations will cover education, social protection and inclusion, and justice for children, and will be conducted jointly with the Government and concerned partners. The programme will systematically track progress against planned results through midyear and annual reviews. The findings of the 2014-2015 independent regional multi-country evaluations will inform programming and policymaking and contribute to cooperation among countries.

Annex

Results and resources framework

Serbia-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child articles: 2, 3, 4, 5, 6, 9, 12, 18, 19, 20, 23, 27, 28, 29 and 40.

National priorities: EU integration: Copenhagen criteria (Political), Information Society and Media (10), Social Policy and Employment (19), Judiciary and Fundamental Rights (23), Justice, Freedom and Security (24); Consumer and Health Protection (28), Environment (27) and Education and Culture (26).

Related SDGs: End poverty in all its forms everywhere (1), ensure healthy lives and promote well-being for all at all ages (3), ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (4), achieve gender equality and empower all women and girls (5), reduce inequality within and among countries (10), Make cities and human settlements inclusive, safe, resilient and sustainable (11); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective accountable and inclusive institutions at all levels (16).

UNDPF[1] outcomes involving UNICEF and indicators measuring change that include the contribution made by UNICEF:

Outcome 1: By 2020, People in Serbia, especially vulnerable groups, have their human rights protected and have improved access to justice and security

Indicators[2]

1.1 Percentage of successfully implemented recommendations of human rights mechanisms of the United Nations (Baselines TBD for UPR and each Convention; Target 80% implementation of recommendations).

1.3 Percentage of complaints addressed by the Office of the Ombudsman related to the violation of the rights of vulnerable or stigmatized groups (gender equality, rights of persons deprived of their liberty, rights of persons with disabilities, children's rights and minority rights), which are acted upon by these institutions, out of the total number of complaints (Baseline In the course of 2014 the Ombudsman office received a total of 4, 877 complaints, of which 1, 273 (26%) related to vulnerable groups, 2014; Target TBD).

1.6 Percentage of cases lasting over 1 year: (a) when the criminal offender is a juvenile (14-17 yrs of age) (Baseline 44% of cases last over 1 year in 2013; Target less than 20% of cases last over 1 year), (b) when the victim of the crime is a child (Baseline 43.3% of cases last over 1 year in 2013; Target less than 20% of cases last over 1 year), and (c) when the criminal offender is an adult (Baseline 70%; Target 50%).

1.7 Percentage of applied diversionary schemes in relation to the total number of criminal charges against juvenile offenders (Baseline 5.3% in 2013; Target 20%).

Outcome 2: By 2020, governance institutions at all levels have enhanced accountability and representation to provide better quality services to people and the economy.

Indicators

2.7 Percentage of SDG indicators on which Government institutions collect data that are disaggregated by at least two potential markers of disparity (Baseline TBD; Target TBD).

[1] UNDPF refers to The Government of the Republic of Serbia and the United Nations Development Partnership Framework (2016-2020)

[2] The target year for all indicators is 2020 unless stated otherwise.

Outcome 3: By 2020, State institutions and other relevant actors enhance gender equality and enable women and girls, especially those from vulnerable groups, to live free from discrimination and violence.

Indicators

3.2 b Number of cases of domestic violence registered by Social protection system (Baseline: since 2006-2013 the progressive increase of registered cases (3, 441 cases registered in 2006; 9, 877 cases in 2013); Target: 50% increase of registered cases of domestic violence by social protection system).

Outcome 4: By 2020, high-quality, inclusive, equitable, gender-sensitive and age-appropriate health services that protect patient rights are available and utilised by all.

Indicators

4.1 Full immunization coverage for children aged 24-35 months from the general population (GP) and children from Roma settlements (Baseline GP 70.5% (boys 71.4%, girls 69.2%) 2014; Target 95%. Baseline Roma 12.7% (boys 16.1%, girls 10.4%) 2014; Target 50%).

4.8 Percentage of municipalities with services for early identification of developmental risks and counselling for children with disabilities (Baseline 15% 2014; Target 30%).

Outcome 5: By 2020, an efficient education system is established that enables relevant, quality, inclusive and equitable education for all, particularly the most vulnerable, and increases learning and social outcomes.

Indicators

5.1 Percentage of children 3 and 4 years enrolled in preschool education (Baseline GP 50.2% (boys 51.8% and girls 48.5%) 2014; Target boys and girls 75% 2019. Baseline Roma 5.7% (boys 4.9% and girls 6.5%) 2014; Target Roma (boys and girls) 30% 2019. Baseline poorest GP 9% 2014; Target poorest GP 30% 2019).

5.2 Percentage of pupils aged 15 with low competencies (below level 2 on the PISA test scale in 2012) in literacy, mathematics, science and problem-solving (Baseline for reading: 33.2%; Target for literacy < 25% by 2020. Baseline for mathematics: 38.9%; Target for mathematics: < 25% 2020. Baseline for science: 35%; Target for science: < 25% 2020. Baseline for Problem-solving: 28.5%; Target for problem-solving: < 25%).

5.3 Participation of vulnerable groups at each level of ***education*** (Primary School completion rate GP Baseline total: 93.4%; Target: 98%. Baseline female: 97.9%; Target: 98%. Baseline male: 90.4%; Target: 98%. Baseline Roma: 64% 2014; Target: 85% 2019. Secondary school attendance rate GP Baseline total: 89.1%; Target 95%. Baseline female: 93%; Target: 95%. Baseline male: 86%; Target: 95%. Baseline Roma 21.6%; Roma female: 15%, Roma male: 28% 2014; Target Roma 35%, Roma female: 25% and male: 35% 2019. Baseline poorest GP: 74% 2014; Target poorest GP: 85% 2019).

Outcome 6: By 2020, the social welfare system is strengthened to provide timely, holistic and continued support for individuals and families at risk and enable them to live in a safe, secure, supportive family and community environment.

Indicators

6.1 Percentage of households from the poorest quintile receiving financial social assistance (Baseline: 10.7% 2014; Target: 30%).

6.2 Number of municipalities that offer community services in compliance with the Social Welfare Law, particularly for vulnerable groups: (a) CWD and (b) elderly. Baseline CWD: 94; Target: 130. Baseline elderly: 78; Target: 100).

6.3 Number of children with disability in institutional care (Baseline 536 in 2013; Target: 347 (30% reduction)).

6.4 Number of municipalities that implement local protocols for the protection of children from violence, abuse and neglect (Children Baseline: 20; Target: 60).

Outcome 7: By 2020, there is an effective enabling environment that promotes sustainable livelihoods and economic development focused on an inclusive labour market and decent job creation.

Indicators

7.2 Percentage of young people who are not employed and not in education or training (Baseline 2013 is 25.3% for those aged 18-24 and 19.5% for those aged 15-24); Target 2020 is 15% for both age groups).

Outcome 8: By 2020, there are improved capacities to combat climate change and manage natural resources with communities more resilient to the effects of natural and man-made disasters. Indicators 8.4 Percentage of primary and secondary schools that offer an educational programme on risk reduction, and safety in disasters and emergencies (Baseline 0%; Target 70%).
Related UNICEF Strategic Plan outcomes: (1) Health, (5) Education, (6) Child Protection, and (7) Social Inclusion.

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs (by 2020)	Major partners, partnership frameworks	Indicative resources by country programme outcome *(In thousands of United States dollars)*		
					RR	***OR***	***Total***
1. All children have enhanced access to justice and benefit from strengthened mechanisms for monitoring and addressing human rights violations.	1.1. UNDPF indicator 1.1 1.2. UNDPF indicator 1.3 (% of complaints submitted to Ombudsman related to children 2014 8.5%; Target: 12%) 1.3. UNDPF indicator 1.6 1.4. UNDPF indicator 1.7 1.5. UNDPF indicator 2.7	1.1. Office of Human and Minority Rights 1.2. Ombudsman reports 1.3. Statistical Office of the Republic of Serbia (SORS) 1.4. SORS 1.5. Assessment of data availability	National independent bodies and CSOs have increased capacity to systematically monitor child rights and facilitate independent monitoring. National Government and other stakeholders have increased capacity to ensure application of diversion schemes and alternative sanctions for juvenile offenders, and to ensure the protection of children involved in criminal, civil and administrative proceedings, in line with international standards. National Government and other stakeholders have increased capacity for generating disaggregated quality data and conduct child-centred analyses of major data sources.	Independent bodies, Parliament, Ministry of Justice (MoJ), Ministry of Labour, Employment, Veterans and Social Affairs (MoLEVSA), SORS, Office for Human and Minority Rights, Social Inclusion and Poverty Reduction Unit (SIPRU), Local Self-Governments (LSG), Ministry of Public Administration and LSG (MoPALSG), Standing Conference of Towns and Municipalities, and CSOs.	1 124	3 157	4 281

2. Increased percentage of young children, particularly Roma and CWD, benefitting from equitable, gender-sensitive, quality health and other ECD services and supportive parental practices.	2.1. UNDPF indicator 4.1 2.3. UNDPF indicator 4.8 2.4. % of children aged 36-59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last three days (MICS 2014 Baseline 37%; Target 45%).	2.1. MICS 2.2. Ministry of Health (MoH) 2.3. Institute of Public Health (IPH) of Serbia 2.4. MICS 2019	Increased quality of and access to ECD services, especially for Roma children and CWD. Maternal and neonatal services apply family-centred approach and support continuum of care in service provision, with a specific focus on Roma and other vulnerable children and mothers. Increased awareness of parents and Government on positive, gender-sensitive ECD and care practices, including on adequate nutrition and timely immunization Health system is strengthened for DRR and emergency response	MoH, IPH of Serbia, City of Belgrade IPH and other IPH, Institute for Mother and Child Healthcare, Institute for Mental Health Belgrade, Agency for Accreditation of Health Care Institutions, Primary Health Centres, maternity hospitals, medical schools, professional associations, CSOs, Red Cross, LSGs, independent bodies, corporate sector.	878	2 595	3 473
3. Increased percentage of vulnerable children and adolescents participating in relevant, quality and inclusive pre-university education with improved learning outcomes and competences.	3.1. UNDPF indicator 5.1 3.2. UNDPF indicator 5.2 3.3. UNDPF indicator 5.3 3.4. Number of children in mainstream primary schools following individual education plans 1 and 2 (Baseline 2013/14 is 7,038; Target 20% increase).	3.1. MICS 3.2. MICS and SORS 3.3. MICS 3.4. SORS	Availability and quality of preschool services is enhanced through improved legislation, diversified services and financing system to advance equity Capacities of pre-university education system strengthened to provide quality and inclusive services. Improved competencies of education professionals and schools to advance inclusion Education system is strengthened for DRR and emergency response	Ministry of Education, Science and Technological Development (MoESTD), National Education Council (NEC), National Council for VET, Institute for Education Quality and Evaluation, Institute for Advancement of Education, Network for Support of Inclusive Education, SIPRU, SORS, MoH, MoESTD, LSGs, MoPALSG, Ministry of Youth and Sport and CSOs.	703	4 975	5 678

4. Vulnerable children and their families are adequately supported so that their resilience to poverty and external shocks is increased and they live in a safe, non-violent family or family-like environment.	4.1. UNDPF indicator 6.1 4.2. UNDPF indicator 6.2 (related to children) 4.3. UNDPF indicator 6.3 4.4. UNDPF indicator 6.4 4.5. % of boys aged 1-14 who experienced psychological aggression or physical punishment during the last month (MICS 2014 Baseline 44%; Target 25%) 4.6. Number of families at risk who have access to intensive support services (Baseline 2014 is 0; Target 1,500). 4.7. CWD are granted the Disability Allowance (DA) on the basis of functional assessment criteria. (Baseline 2014 DA granted on the basis of medical criteria. Target DA granted on the basis of functional assessment criteria)	4.1. SILC and MICS 4.2. Mapping of community services, RISP 4.3. MoLEVSA 4.4. Assessment of the implementation of local protocols 4.5. MICS 4.6. MoLEVSA 4.7. MoLEVSA	Support services targeting children living in families experiencing multiple deprivations and preventing separation are integrated into the social welfare system Regulatory framework and mechanisms reformed to ensure better adequacy, targeting and efficiency of pro-poor cash benefits and disability related allowances Violence against Children-related policies/protocols are legally enforced and their implementation is monitored Social welfare system is strengthened for DRR and emergency response.	MoLEVSA, MoH, MoESTD, MoJ, Ministry of Interior, LSGs, Republic Institute for Social Protection, Provincial Institute for Social Protection, Department of Social Work of the Faculty of Political Science, regional offices for fostering, centres for social work and CSOs.	475	4 467	4 942
5. Child rights are advanced through public advocacy, partnerships and social mobilization that promote non-discriminatory and gender-sensitive practices.	5.1. % of boys of grades 6-8 who approve of GBV (GBV assessment 2014 Baseline 86%; Target 60%). 5.2. % of population who believe it is better for children with physical/sensory or intellectual disabilities to attend mainstream	5.1. GBV assessment 5.2. MICS 2019 5.3. MICS	Increased use of evidence-based and innovative communication approaches to address selected social norms and behaviours in relation to inclusion of CWD, Roma children and violence against children and women. Evidence related to children's rights and equity strategically disseminated and used for policy changes, partnerships and leverage of private and	Line ministries, independent bodies, civil society, the media and media regulators, private sector, donors and key influencers.	353	1 607	1 960

	education (MICS 2014 physical disability Baseline 48%; Target 65%; Intellectual disability Baseline 32%; Target 50%). 5.3. UNDPF indicator 5.3. a and b		public resources to strengthen the realization of child rights.					
6. Cross-sectoral	Effective development, planning, coordination, delivery and monitoring of country programmes results	Periodic reviews and evaluations of programme components	Guidance, tools and resources to effectively design and manage programmes are available to UNICEF and partners. Strategies to address cross-cutting issues related to child rights implemented		737	380	1 117	
Total resources					**4 270**	**17 181**	**21 451**	

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Country programme document

Serbia

2016-2020 Results and Resources Framework for Kosovo under United Nations Security Council resolution 1244 (1999)**

Summary

This is an addendum to the country programme document for Serbia, 2016 to 2020 (E/ICEF/2015/P/L.16).

* E/ICEF/2015/12.

** All references to Kosovo should be understood in the context of United Nations Security Council resolution 1244 (1999).

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Annex

2016-2020 Results and Resources Framework for Kosovo[1] under United Nations Security Council resolution 1244 (1999)

Kosovo priorities:
Draft Health Sector Strategy 2015-2020; Mother, Child, Adolescent and Reproductive Health Strategy 2011-2015; Strategy on Pre-University Education 2011-2016; Kosovo Development Strategy 2016-2020; Kosovo Strategy on Children's Rights 2016-2020; Kosovo-wide Strategy on Rule of Law 2016-2019; Sectoral Strategy of the Ministry of Labour and Social Welfare 2015-2020; Kosovo Youth Strategy and Action Plan 2013-2017 [and beyond-planned to be developed]; Kosovo Law on Empowerment and Participation of Youth

United Nations Common Development Plan (CDP) outcomes involving UNICEF:
Outcome indicators measuring change that includes UNICEF contribution

Outcome 1.1: Rule of law system and institutions are accessible to all and perform in a more efficient and effective manner.
1.1.4 Indicator: % of boys and girls in pre-sentence/pre-trial detention who spend more than 6 months during the year in pre-sentence/pre-trial detention.
Baseline: 8% (2013)
Target: 0% TBD

Outcome 2.1: Education and employment policies and programmes enable greater access to decent employment opportunities for youth and women.
2.1.3 Indicator: Number of selected municipalities with an action plan implemented to increase the transition rate of girls to upper secondary education
Baseline: 2 municipalities (2014)
Target: 9 municipalities

Outcome 2.3: Social protection policies and schemes enable greater benefits and access to social services to the most vulnerable groups.

Outcome indicators measuring change that includes UNICEF contribution
2.3.1 Indicator: % of people under the Kosovo poverty line who receive social assistance benefits
Baseline: 23% (2007-2008)
Target: 40%

2.3.2 Indicator: Amount of monthly cash benefit for social assistance scheme
Baseline: Social Assistance
€40 for one-member households (2014)
Target: For Social Assistance, minimum €63 (up to €80) for one-member households as a base (UNDP, the Real Value of Social Assistance, 2014)

2.3.3 Indicator: Number of municipalities that provide minimum social services in the areas of prevention, protection and reintegration
Baseline: 3 (2014)
Target: 6 (2020) (including at least one Serbian-majority municipality)

[1] All references to Kosovo should be understood in the context of United Nations Security Council resolution 1244 (1999).

Outcome 3.2: The authorities in Kosovo have improved coverage of quality and equitable essential health care services for Maternal, Neonatal, Child and Reproductive Health and Non-Communicable Diseases
3.2.2 Indicator: Percentage of children age 12-23 months immunized with DTP3
Baseline: Kosovo 95% and Roma, Ashkali and Egyptian 63% (2013-2014)
Target: Kosovo >95% and Roma, Ashkali and Egyptian 90%

Related UNICEF Strategic Plan outcomes: (from Strategic Plan, 2014-2017)
Outcome 1. Health (P1. Outcome: Improved and equitable use of high-impact maternal and child health interventions, from pregnancy to adolescence and promotion of healthy behaviours); Outcome 2. HIV and AIDS (P2. Outcome: Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents); Outcome 4. Nutrition (P4. Outcome: Improved and equitable use of nutritional support and improved nutrition and care practices); Outcome 5. Education (Outcome: Improved learning outcomes and equitable and inclusive education); Outcome 6. Child Protection: Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children; Outcome 7. Social Inclusion: Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data; and P7.4 and P7.6

UNICEF outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by programme outcome** *(In thousands of United States dollars)*		
					RR[2]	***OR***	***Total***
1. By 2020, more children with disabilities as well as from Roma, Ashkali and Egyptian communities, as well as Kosovo-Albanians and Kosovo Serbs have access to and utilize a quality continuum of health care and quality education services.	Indicator: Percentage (%) of children, including Kosovo Serbs, aged 12-23 months immunized with DTP3 Baseline: Kosovo 95% and Roma, Ashkali, Egyptian 63% (2013-201) Target: Kosovo >95% and Roma, Ashkali, Egyptian 90% (2020) Indicator: Percentage (%) of Roma, Ashkali and Egyptian children under five years, who are stunted Baseline: 15% (2013-2014)	Multiple Indicator Cluster Survey (MICS), National Institute of Public Health MICS, National Institute of Public Health	Strengthened capacity at central and municipal levels for scaling up of Home visiting scheme as a part of the decentralized family medicine systems for provision of quality maternal health, and child health and wellbeing services, particularly for the most vulnerable children including Kosovo Serbs in collaboration with education and child protection sectors Improved capacity at central and municipal levels for early detection and identification of children with disabilities (CWD), and	Ministry of Health (MoH), Ministry of Education, Science and Technology (MEST), Ministry of Labour and Social Welfare (MLSW), National Institute of Public Health (NIPH), municipal authorities, Kosovo Agency of Statistics (KAS), United Nations agencies, donors, including bilateral donors, NGOs, CSOs, media	1 105	5 243	6 349

[2] Kosovo is not eligible for RR; this is RR–equivalent funding.

	Target: 10% (2020) Indicator: Exclusive breastfeeding rate under 6 months Baseline: 40% (2013-2014) Target: 50% (2020) Indicator: Gross enrolment rate in early child care and preschool facilities Baseline: 74% 73% male, 75% female (2011-2012) Target: 80% for both (2020) Indicator: Number (#) of children with disabilities enrolled in education, including Kosovo Serbs Baseline: 1,140 (2013-2014) Target: 40% increase from the baseline (2020)	MICS, Ministry of Health/ National Institute of Public Health EMIS/MEST, Kosovo Agency of Statistics EMIS/MEST, Kosovo Agency of Statistics EMIS/MEST, Kosovo Agency of Statistics	to provide quality care and support inter-sectoral services to families with CWD Increased awareness among duty bearers and families at all levels on good nutrition practices, importance of immunization, stimulation and early learning for infants and young girls and boys — particularly among the most vulnerable from all communities including Kosovo Serbs Increased availability of quality pre-school and other opportunities for early learning particularly for the most excluded children, children with disabilities, children in rural areas, including Roma, Ashkali, Egyptian and Kosovo Serb children Strengthened early warning systems at central and municipal levels (including schools) to prevent, respond, and to monitor dropout cases, particularly among the most excluded children from all communities including Kosovo Serbs Strengthened capacity of schools and community-				

			based centres to apply inclusive education practices, focusing on the most excluded children, including CWD and Kosovo Serbs				
2. By 2020, institutions in Kosovo at central and municipal levels are accountable and responsive to monitoring children's rights, promoting social inclusion, and advancing a social protection system (grants and services) that is also responsive to the needs of the most marginalized children (including vulnerable returnee children belonging to all ethnic communities)	Indicator: Percentage (%) of GDP allocated to education, health and social assistance Baseline: education 4.1%, health 2.6% and social assistance 0.6% (2012) Target: education, health and social assistance TBD (2020) Indicator: Extreme poverty headcount Baseline: 10.2% (2011) Target: 7% (2020) Indicator: Periodic monitoring reports on child rights by CSOs, institutions in Kosovo Baseline: 0 (2014) Target: Every third year (2020)	World Bank Public Finance Review Household Budgetary Survey (HBS)/ Consumption Poverty Report Kosovo Agency of Statistics Child Protection and Justice for Children Council reports	Strengthened capacity of central and municipal institutions to legislate, plan, budget, and monitor the impact of child-sensitive policies and programmes for the most excluded children, including Kosovo Serbs Office of Good Governance under Prime Minister, Child Protection and Justice for Children Council, KAS, and relevant CSOs have strengthened capacity in evidence-generation systems, child rights monitoring and reporting Strengthened capacity at central and municipal levels to improve access to social services including cash assistance benefits by the most excluded children and families for all communities, including Kosovo Serbs Media Alliance for children's rights is established, and together with CSOs (including CSOs from Serbian-majority municipalities), is	Assembly of Kosovo, OPM, line ministries, municipalities, Ombudsperson, KAS, CSOs, media, EU, World Bank, International Monetary Fund, Council on Protection of Child Rights, Innovations Lab Design Center	***RR***	***OR***	***Total***
						1 105	1 250	2 355

			influencing public policy and demand for realization of child rights, and holding Institutions in Kosovo accountable for realization of children's rights Central and local level institutions, service providers and caregivers are aware and committed to address the social norms and behaviours affecting child well-being (child growth and development)				
3. By 2020, more boys and girls from the most excluded communities are resilient and benefit from a continuum of child protection services and social protection schemes, responding to violence, neglect, abuse and inequitable access to justice	Indicator: Percentage (%) of children (girls and boys) aged 1-14 years who experience psychological aggression or physical punishment during the last one month Baseline: 61% (2013-2014) Target: 45% (2020) Indicator: Percentage (%) of boys and girls in conflict and contact with the law, belonging to all communities, including Kosovo Serbs, receiving pro bono legal services, Baseline: 0% of boys and girls (2015) Target: 60% of boys and girls (2020) Indicator: Percentage (%) % of abandoned children during the year and	MICS, KAP Kosovo Bar Association, Free Legal Aid Agency, MoJ MLSW Ministry of Local Government	Strengthened capacity at central and municipal levels to develop, budget, and implement a unified, effective system to identify, refer, and address cases of child abuse, exploitation, and neglect for all communities, including Kosovo Serbs; Increased capacity of central and local level institutions to provide equitable, integrated and gender sensitive prevention, protection and justice services for all children including Kosovo Serbs Increased capacity of professionals (social workers, teachers, health workers, and police) to identify, refer and manage	Relevant institutions of Kosovo (MoJ, Ministry of Internal Affairs, MLSW, MoF, MEST Kosovo Judicial Council, Kosovo Police, CSW), municipal authorities, local and international NGOs, media, EU and other bilateral donors, United Nations agencies, and others	***RR*** 1 105	***OR*** 3 104	***Total*** 4 209

	children without parental or kinship care benefiting from foster care services in all targeted communities including Kosovo Serbs Baseline: 48% (2014) Target: 70% (2020) Indicator: Number (#) of municipalities with the capacity to identify and address cases of violence and have established case management roundtables, including Serbian majority municipalities Baseline: 12 municipalities (2014) Target: 24 municipalities (2020) Indicator: Percentage (%) of boys and girls in pre-sentence/pre-trial detention who spend more than 6 months in the year in pre-sentence/pre-trial detention. Baseline: 8% of boys and girls (2014) Target: 0% of boys and girls (2020)	Administration, municipalities M of J, , Kosovo Correctional Service, Kosovo Judicial Council, Kosovo Prosecutorial Council	cases of violence against children Increased awareness of parents and the public on negative consequences of violence against children for all communities, including Kosovo Serbs				
4. By 2020, adolescents and youth (girls and boys) are more resilient and have capacities and opportunities to seek and secure meaningful participation in local governance systems to influence policies, programmes, services, and to transition	Indicator: Number (#) of adolescents (15-19 years) and youth (20-24 years) actively participating in local decision-making processes via local youth related structures and mechanisms Baseline: 35%, Gender, Disability, and Roma,	MCYS/DoY Annual and Monthly Reports	Strengthened capacity of central institutions and targeted Municipalities (including Serbian majority municipalities) to develop and scale-up inclusive mechanisms for the participation and empowerment of adolescents, and increased adolescent and	MCYS/DoY (Ministry of Culture, Youth and Sports)/ (Department of Youth) Bilateral donors, United Nations agencies United Nations Kosovo	***RR*** 1 105	***OR*** 3 119	***Total*** 4 224

successfully from school or NEET (adolescents and youth not in employment, education or training) to quality education and gainful employment	Ashkali, Egyptians, and Kosovo Serbs Disaggregation TBD (2014) Target: 60% , Gender, Disability, and Roma, Ashkali, Egyptians, and Kosovo Serbs Disaggregation TBD (2020) Indicator: Percentage (%) of adolescents (15-19 years) and youth (20-24 years) NEET (Not in Employment, Education, or Training) Baseline: 35% (2012); Disaggregation TBD Target: 20%, Disaggregation TBD (2020) Indicator: Number (#) of municipalities with local platforms to influence adolescents and youth healthy lifestyles Baseline: 3 (2015) Target: 15 (2020) Indicator: Percentage (%) of young people age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV, and who reject major	KAS Labour Market Survey, MLSW NIPH Survey Data MICS, NIPH Survey Data	youth's professional readiness and transition from school or NEET[3] to employment Local level Institutions (including those from Serbian majority municipalities) have increased capacity and systems to prevent and respond to risky behaviour among adolescents and young people	Team (UNKT), EU office, World Bank, OSCE, GIZ, USAID and others Municipalities Directorates for Youth, Culture, Sport, Education, Health and Social Affairs MEST (Ministry of Education, Science and Technology) MLSW (Ministry of Labour and Social Welfare) MoH (Ministry of Health) CSOs/NGOs Functional and active Local Youth Action Councils (LYACs) Youth centres Central Youth Action Council (CYAC) Assembly of Kosovo			

[3] Not in Employment, Education or Training.

	misconceptions about HIV transmission Baseline: Women 17%, Men 17%; Roma, Ashkali, and Egyptian women 12%; Roma, Ashkali and Egyptian men 4%; Kosovo Serbs Disaggregation TBD (2013-2014) Target: Women 35%, Men 35%; Roma, Ashkali, Egyptians, and Kosovo Serbs Disaggregation TBD (2020)				Assembly Committee on Youth and Budget/Finance Centres for professional and vocational training Media and social media (print and electronic)				
Total resources						**4 420**	**12 716**	**17 136**	

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Country programme document

Tajikistan

Summary

The country programme document (CPD) for Tajikistan is presented to the Executive Board for discussion and comment. The CPD includes a proposed aggregate indicative budget of $13,645,000 from regular resources, subject to the availability of funds, and $23,690,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016-2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. Tajikistan is the only-low income country in the Central and Eastern Europe and the Commonwealth of Independent States region (gross national income [GNI] per capita of $990 in 2013),[1] with an economy heavily reliant on remittances from migrant labourers (47.5 per cent of gross domestic product [GDP]).[2] This makes the country and its children, who represent over 42 per cent of the population, vulnerable to external shocks, such as the global crisis of 2008 and the recent depreciation of the Russian rouble.

2. While overall income poverty has fallen significantly, from 96 per cent in 1999[3] to 32 per cent in 2015,[4] childhood deprivation remains widespread: a Multiple and Overlapping Deprivation Analysis based on the 2012 Demographic and Health Survey (DHS) shows that as many as 89 per cent of children aged 0-4 face at least one deprivation, with 35 per cent suffering from three or more deprivations in the dimensions considered by the study.[5]

3. The children of Tajikistan are also highly vulnerable to natural and man-made disasters, which include frequent earthquakes, mudflows, landslides, floods and internal and external tensions that pose threats to peace and stability.[6] The ability of the Government to respond to humanitarian crises is limited, and household resilience is constrained partly as result of widespread labour migration.[7]

4. While infant and under-five mortality have declined and are now 41 and 48 per 1,000 live births, respectively,[8] for many young children, the right to survival remains at risk, with significant disparities by wealth and geographical location. Neonatal mortality is stagnating at 22 per 1,000 live births.[9] A 2013 study revealed that the majority of facility-based infant deaths are preventable. The failure to identify disabilities and developmental delays at an early stage results in missed opportunities. Based on World Health Organization estimates of the global prevalence of childhood disability, the number of children with disabilities (CWD) in Tajikistan is probably much higher than the 26,000 officially registered.

5. A determinant analysis conducted with partners according to the Monitoring Results for Equity System (MoRES), shows the need to improve the management of childhood illnesses, perinatal care, capacity of health professionals and the availability of essential equipment and drugs. An important bottleneck is the low

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[1] GNI per capita, Atlas method (current US$), 2013 — http://data.worldbank.org/country/tajikistan.

[2] Personal remittances, received (percentage of GDP), 2012: http://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS.

[3] Based on a country-specific poverty line: http://data.worldbank.org/country/tajikistan.

[4] Government of Tajikistan statistics (TAJSTAT). Продовольственная безопасность и бедность №3 — Агентство по статистике при Президенте Республики Таджикистан, 2014: http://stat.tj/ru/img/f847a858478260b1abcc6681d6a07473_1419327489.pdf.

[5] Dimensions: Health, Nutrition, Education, Child Protection, Water, Sanitation, Housing, Information.

[6] Central Asia Multi-Hazard Risk Report. Maplecroft, 2014.

[7] The Impact of Labour Migration on Children and Families Left Behind. UNICEF, 2011.

[8] Inter-agency Group for Child Mortality Estimation, at http://www.childmortality.org/index.php?r=site/graph#ID=TJK_Tajikistan.

[9] Ibid.

Government spending on health which, at 1.9 per cent of GDP in 2013,[10] is leading to high out-of-pocket expenditure and undermining the sustainability of priority programmes in maternal and child health (MCH). Financial barriers, along with uneven geographical availability of services, result in persistent inequity in access to health care. Shortfalls in State funding and insufficient MCH management capacities, particularly at the subnational level, also affect the quality of care. The polio outbreak in 2010 was an indication of such gaps in the health system.

6. The prevalence of malnutrition among under 5 children remains high, at 26 per cent for chronic and 10 per cent for acute cases; boys and girls are equally affected. Many women and children also suffer from micronutrient deficiencies, particularly high rates of anaemia and iodine deficiency. Only 39 per cent of households consume adequately iodized salt.[11] A 2012 study estimated that malnutrition costs Tajikistan $41 million annually in economic losses, most of which could be prevented through cost-effective interventions, such as universal salt iodization, promotion of good child feeding practices and management of severe acute malnutrition.[12]

7. At the end of 2013, there were 365 children confirmed as having HIV. There is concern about the rising number of women and children infected and the increasing proportion of cases transmitted sexually or without known cause of infection. Tajikistan is also a high-burden country for multidrug-resistant tuberculosis (TB), with high TB/HIV co-morbidity. TB is indeed a major but often unrecognized cause of disease and death among children.

8. Children are not receiving sufficient support for early learning and school readiness in the home environment. Pre-primary education is not compulsory and access is extremely limited: the net enrolment rate (ages 3-6) was 11 per cent in 2014, the lowest in the region. Enrolment remains biased towards children from urban and wealthier families.

9. Regarding education, out of school children included 3.9 per cent of those 7-10 years old (as of 2014), and 5.7 per cent of those 11-15 years old (as of 2011).[13] At lower secondary level, 9.1 per cent of girls were out of school, compared to 2.4 per cent of boys.[14] CWD are among the most marginalized, with only 19 per cent of those 7-18 years old attending mainstream schools.[15]

10. While the Government has initiated curriculum reform to shift the focus from knowledge to competencies and mainstreaming life skills-based education, learning achievement needs improvement: reading comprehension is low in early grades,[16] and there is also no systematic measurement of learning outcomes.

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[10] Ministry of Health and Social Protection of the Population (MoHSPP).

[11] DHS, 2012.

[12] Situation Analysis — Improving economic outcomes by expanding nutrition programming in Tajikistan. World Bank/UNICEF, 2012.

[13] United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics, 2015, at http://data.uis.unesco.org/.

[14] UNESCO Institute for Statistics, 2015, at http://data.uis.unesco.org/.

[15] Ministry of Education and Science, Education Management Information System (2014) and MoHSPP Data on Registered Persons with Disabilities (2013).

[16] United States Agency for International Development, Kyrgyzstan and Tajikistan Early Grade Reading Review, 2011, at http://www.gem2.org/sites/default/files/Early%20Reading%20Report_FINAL%20draft%2011232011.pdf.

11. Adolescents have huge potential to contribute to development but face significant challenges, including the fact that public services are of poor quality and are not tailored to their needs. Perceiving education to be of limited relevance and faced with its poor quality, a significant number of children do not continue beyond the compulsory grades 1-9. Adolescents have challenges in accessing health services that are unaffordable, have low quality and are not "youth-friendly". Children's limited life skills, leave them ill-prepared for their future, including as parents. Livelihood options are limited for young people, particularly women, ethnic minorities and persons with disabilities. As a result, many boys see labour migration as their only option, while many girls focus on marriage and motherhood, thereby contributing to high levels of early marriage and pregnancies.

12. There is an apparent increase in the number of suicides among young people. The estimated average yearly rate for the Sughd Region, for example, is 13.4 per 100,000 for girls and 10.9 for boys aged 12-24. Identified determinants include domestic violence, loss of a loved one and unjust blame. In addition, mental health services are underdeveloped, with no specialized services for young people.[17]

13. The voices of adolescents go largely unheard in public and in private domains, particularly for girls. Rights awareness and political participation are limited. Corruption in service delivery is a big concern for adolescents.[18] Youth in Tajikistan face higher rates of illiteracy and unemployment, and poorer health than did the previous generation. Lack of opportunities and limited space for participation in decision-making place youth at risk.

14. Children do not yet benefit from an integrated, comprehensive social protection system comprising complementary benefits and services. Benefits are small, poorly targeted, inefficiently managed and limited in coverage, reaching only 11per cent of poor households. Social assistance accounts for only 0.5 per cent of GDP, the lowest level in the region.[19] Key bottlenecks include the fact that services that are patchy and reach only a fraction of those eligible,[20] and community-based services and the social work profession are poorly developed. At the same time, inadequate social protection increases the risk of institutionalization for CWD and children from poor families.

15. The number of children in residential care institutions has changed little, with an estimated 278 children under three institutionalized as of February 2013. A 2014 rapid assessment showed that the vast majority of children in institutions were placed there because of economic or social determinants. CWD and girls are more likely than others to be institutionalized. Key bottlenecks in the child protection system relate to identification, assessment, referral and gate-keeping systems, and case management.

16. Juvenile offending increased from 625 cases in 2012 to 800 cases in 2014,[21] but the number of convicted juveniles declined from 504 to 441 in the same

[17] UNICEF, Study on Prevalence and Dynamics of Suicide among Children and Young People (12-24 years of age) in Sughd Region, Tajikistan, 2013, at http://www.unicef.org/tajikistan/Suicide_Study_Report_for_WEB_ENG(1).pdf.

[18] The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda. Tajikistan, 2013.

[19] World Bank, Analysis of the Safety Nets in Tajikistan, 2014.

[20] European Union, 2012.

[21] Government of Tajikistan Ministry of the Interior, 2014.

period.[22] However, the number of juveniles serving prison sentences has grown since 2012, despite the fact that most crimes are property-related and committed by first-time offenders. The number of children referred to juvenile justice alternatives remains small. Children in conflict with the law are at risk of ill-treatment, particularly during arrest and initial inquiry.

17. A key lesson learned during the 2010-2015 country programme was that the rights areas covered were too broad, while the geographical targeting was overly narrow. The programme focused on priority districts with high levels of childhood deprivation, with the aim of delivering results for disadvantaged children by integrating child rights into local planning processes, strengthening local capacity to monitor child rights and modelling innovations for national scale-up. This strategy was not entirely successful. Given the limited resources, delivering demonstrable results for children across a range of child rights indicators proved too ambitious. In addition, focusing programme implementation on a limited number of districts did not do justice to the wide geographical variation in childhood deprivations. The 2016-2020 country programme will continue to work at district level to model innovations and respond to specific childhood deprivations, but will not focus the entire country programme on select priority districts.

18. The midterm review of the 2010-2015 country programme concluded that the programme's approach to water, sanitation and hygiene (WASH) in schools had significant shortcomings in terms of effectiveness, efficiency and sustainability, and that it did not succeed in establishing an affordable model for WASH infrastructure viable for national scale-up. The support for construction and supplies in WASH in schools was thus discontinued, and the programme re-focused on promoting hygiene-related life skills.

19. The MTR also concluded that a sectorally focused results framework could inhibit the cross-sectoral linkages required to deliver results. Therefore, the 2016-2020 country programme will take a life-cycle approach, to ensure that child rights in different phases of childhood are promoted in a holistic manner.

20. The 2010-2015 country programme also revealed the importance of addressing child rights issues for adolescents, who have enormous potential to contribute to the realization of child rights, as demonstrated through youth-led studies and communication for social change. Therefore, rights issues for adolescents will be addressed comprehensively and youth participation pursued as a central programme strategy.

Programme priorities and partnerships

21. The overall aim of the country programme is to accelerate progress towards the realization of the rights of all children, with special attention given to closing equity gaps at different stages of the life cycle. UNICEF will share its expertise with both the Government of Tajikistan and civil society to support efforts to implement the Concluding Observations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, as well as efforts towards ratification and implementation of the Convention on the Rights of Persons with Disabilities.

[22] Government of Tajikistan Ministry of Justice, 2014.

22. The new country programme is aligned with key Government of Tajikistan policies and strategies, in particular the National Development Strategy, the Living Standards Improvement Strategy and relevant sector strategies and policies. The programme of cooperation is anchored in the 2016-2020 three thematic areas of the United Nations Development Assistance Framework (UNDAF) and contributes directly to five of the six UNDAF outcomes. The programme results are also aligned with the UNICEF Strategic Plan and Gender Action Plan for 2014-2017 and will contribute to the post-2015 Sustainable Development Goals.

Surviving and thriving in the early years

23. The first programme component will focus on ensuring the best possible start in life for children. It will aim to increase quality coverage of high-impact, evidence-based health, nutrition and early childhood development interventions that allow children to survive and to develop socially, emotionally, physically and intellectually. The programme will pay special attention to the first 1,000 days, which have lifelong implications. This component will promote children's rights to survival and development, to health, including being born free of HIV, and to comprehensive well-being. It will aim to reduce equity gaps for children in underserved areas and CWD.

24. Key bottlenecks mentioned above, which threaten to hamper child survival and development in the early years, are insufficient allocation of public finances and inefficiencies in public expenditure. This programme component will strengthen equity-focused planning, budgeting and public financial management in favour of essential maternal and child and newborn health, nutrition, immunization, and other early childhood development interventions. UNICEF will play a brokering role among the Government, United Nations agencies and civil society to contribute to health sector financial reform, aiming for sustained gains towards universal health coverage.

25. A second set of bottlenecks relates to the willingness and ability of caregivers and communities to adopt healthy behaviours and appropriate nutrition and care practices, as well the capacity of policymakers and service providers to create an enabling environment for this. This programme component, in collaboration with the media and civil society, will support caregivers and communities to improve infant and young child feeding and maternal nutrition practices, immunization uptake, treatment of childhood illnesses and early care for child development. The capacity of front-line service providers will be strengthened. Special attention will be given to CWD, children living with HIV and tuberculosis, and children in remote rural areas. Communication for social change will help in addressing social norms, practices and beliefs that hinder child-friendly behaviours and practices.

26. The third bottleneck is the quality of maternal, newborn and child health services. The new country programme will continue to contribute to improving the quality of care, through technical assistance and capacity-building. This entails strengthened infection control in maternal, neonatal and child health services, system-strengthening for immunization services and greater accountability in service provision. In addition, this programme component will aim to improve the capacity of the Government, public oversight bodies and civil society to strengthen the voice of parents, caregivers and children in demanding quality services. This

will enhance quality assurance as well as transparency and accountability for service delivery.

27. The fourth bottleneck relates to multi-sectoral coordination, essential for early childhood development. This programme component will continue to support the Government in strengthening the inter-sectoral coordination mechanism, within the framework of the SUN (Scaling Up Nutrition) movement, and to promote a multi-disciplinary approach to early childhood development that is focused on the child and family.

Inclusive, quality learning

28. In the 2010-2015 country programme, remarkable progress was achieved in early childhood education (ECE), through development of an alternative ECE model, which was adopted by the Government and is being replicated, with the aim to double enrolment and reach 25 per cent of children 3-6 years old by 2020. UNICEF will support the Government to reach this goal, by leveraging resources for ECE and maintaining a quality and an equity focus in access. This is crucial since, even once Government plans are achieved by 2020, three quarters of children 3-6 years old will still not be enrolled in ECE centres. This programme component will contribute to fulfilling the rights of children to early learning and an inclusive quality education, with a particular focus on girls, CWD and children from poor families. UNICEF will work with key duty bearers to build capacity for the promotion and provision of alternative early learning opportunities, including in the home environment, while monitoring and promoting their equity focus.

29. While enrolment levels in basic education are high overall, a number of children are either out of school or at risk of dropping out. Lack of access to education, therefore, is a bottleneck that needs continued attention. During the previous country programme, data collection and advocacy helped to gain greater recognition of this issue. The new country programme will build on these achievements to identify children who are out of school or at risk of dropping out, and facilitate appropriate measures by education authorities and parents. UNICEF will work with partners to develop accelerated-learning solutions for children out of school or at risk of dropping out. Communication for social change strategies will address social norms that undermine the enrolment of CWD and the transition of girls to education levels beyond the compulsory grades.

30. This programme component will also continue to support improved quality of education, building on ongoing efforts to strengthen pre-service training of educators to promote learner-centred teaching and to support an inclusive education system. Efforts will support the national learning outcomes assessment system, based on the best international standards. The programme will assist the Government in the planned transition to a 12-year education system, including the associated curriculum reform. UNICEF will continue its work with the Ministry of Education and Science to strengthen evidence-based policy and planning.

Full participation of adolescents

31. The third component aims to unlock the potential of adolescents, by empowering them to participate fully in all aspects of life. It will involve adolescents in their becoming change makers, promoting an inclusive, tolerant and

peaceful society, and will promote the right to a "second chance" for children in the second decade of their lives.

32. Full participation of adolescents, including those from ethnic minorities and those with disabilities, with HIV, or with a history of conflict with the law, is hindered by social norms that discourage children and youth from having their own opinions and expressing themselves openly. Adolescent girls face even stronger obstacles to their participation. This programme will enable the Government and civil society to involve adolescents in promoting social norms for a peaceful, tolerant and inclusive society.

33. This component will also address a second bottleneck concerning the ability of adolescents to demand and access information and youth-friendly services. It will support national and local government institutions and civil society to promote rights awareness and life skills development, and will continue to support the expansion of service provision for and with adolescents, building on the successful model of Youth-Friendly Health Services. At the same time, it will promote development of psychosocial services for adolescents, including suicide prevention.

34. Finally, this programme will work with the national and local government institutions and civil society so that adolescents' needs and priorities can be better addressed in national- and local-level policy and budgeting processes. This will include creating opportunities for adolescents, including the most disadvantaged, to be heard in these processes.

Protective environment for children

35. The final programme component recognizes the fact that children face various kinds of risk and vulnerability at all stages of their childhood. There is a need to build a protective environment that prevents and responds to deprivation, violence, abuse, exploitation and neglect, especially for the most vulnerable. In doing so, the programme will contribute to fulfilling children's rights to a supportive and caring family environment, access to justice and adequate social protection.

36. At system level, this component will contribute to strengthening the policy and legal framework for child protection and social protection, providing technical assistance to basing the development and implementation of relevant laws, policies and strategies firmly on evidence and bringing them in line with international standards. Working with the Government and civil society at national and local levels, it will strengthen evidence-based, equitable resource allocation and promote stronger inter-sectoral coordination towards an improved protective environment. UNICEF will contribute to efforts to design an integrated social protection system and demonstrate its feasibility and relevance. This will include revision of existing services and benefits as well as the introduction of new evidence-based and equity-focused models of services. The programme will work towards a child protection system with better identified roles and responsibilities, a strengthened gatekeeping mechanism, as well as improved capacity for assuring the availability of, and accessibility to, quality services.

37. Children are often exposed to risk and vulnerability and left unprotected because of social norms and harmful practices and beliefs. These include the perception of CWD as bringing shame and burdens to their families and society; and the tolerance of physical punishment of children and violence against women and

girls. This programme's focus on innovative communication for social change will help to overcome these barriers.

38. Given the high vulnerability of the children of Tajikistan to the impact of natural disasters and climate change, disaster risk reduction will be mainstreamed throughout the programme. Humanitarian response will be programmed under each outcome, as required. The environmental impact of all programme interventions will be closely scrutinized, and mitigating measures will be taken whenever required.

39. The country programme will be implemented in close collaboration with central and local government. Partnerships will be forged with civil society organizations, particularly those that are led by, or working for, youth. UNICEF will work closely with sister United Nations agencies under the governance structure of the UNDAF. UNICEF will continue to play an important role in the broader development partnerships and humanitarian coordination efforts. New and strengthened partnerships will be explored with the private sector and academia, while collaboration with the media will be enhanced.

Cross-sectoral

40. The results and resources framework of the new country programme is organized around rights issues that affect children at three stages of the life cycle, while considering risk and vulnerability faced throughout childhood. The programme will adopt a mix of mutually reinforcing programme strategies: communication for social change; advocacy and communication for child rights and equity; strengthening national capacity and systems for data collection and analysis and for child rights monitoring; innovation; sustained, system-wide capacity-building for the equitable delivery of services; youth participation; and disaster risk reduction and emergency preparedness. Given that Tajikistan remains a low-income country with persistent capacity constraints, the programme will support delivery of improved quality of services.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Surviving and thriving in the early years	3 730	8 000	11 730
Inclusive, quality learning	2 635	6 190	8 825
Full participation of adolescents	1 975	3 500	5 475
Protective environment for children	3 805	5 500	9 305
Cross-sectoral	1 500	500	2 000
Total	**13 645**	**23 690**	**37 335**

Programme and risk management

41. This CPD outlines UNICEF contributions to results for children. It serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes

are prescribed in the organization's programme and operations policies and procedures and the internal controls framework.

42. The main risks to country programme implementation are inefficient use of resources; hazards that threaten business continuity and sustained progress towards results; the inability to mobilize sufficient partners' resources due to the possibility of declining donor interest in Tajikistan, challenges in advocating for an increase in Government budget allocations for social services, and the mounting impact of the economic crisis in the region. An integral part of all relevant programmatic interventions will be stronger policy dialogue, advocacy and capacity-building for budgeting, sustainable public financing and costing of reforms and strategies benefiting children. UNICEF will conscientiously implement the policy on the harmonized approach to cash transfers, while working closely with other United Nations agencies to strengthen assurance activities. Building on success in recent years in working with partners, UNICEF will continue strengthening its emergency preparedness and response readiness and will further diversify its portfolio of funding partners to mitigate the risk of declining donor interest.

Monitoring and evaluation

43. The lack of timely and disaggregated data of good quality is a constraint for the equitable fulfilment of child rights. The country programme of cooperation will continue to support strengthening registration and national data systems for child rights monitoring, with a focus on tracking equity gaps and real-time monitoring of the impact of shocks. Capacity to analyse, interpret and take action on evidence remains weak. Across all programme outcomes, strengthening capacity for evidence-based decision-making will be a priority. The UNDAF offers opportunities for coordinated United Nations action to strengthen monitoring and evaluation systems. As noted in the costed evaluation plan, at least one evaluation is planned for each programme component, carried out jointly with the Government, where appropriate.

Annex

Results and resources framework

Tajikistan-UNICEF country programme of cooperation, 2016-2020

Relevant Convention on the Rights of the Child articles: 6, 14, 15, 19, 19.1, 23, 24, 26.1, 28, 29
National priorities: Development of human potential aimed primarily at increasing the quantity and quality of social services for the poor and achieving the Sustainable Development Goals, expanding public participation in the development process and strengthening social partnerships (National Development Strategy (NDS), Living Standards Improvement Strategy (LSIS) and sector strategies).

United Nations Development Assistance Framework (UNDAF) OUTCOMES INVOLVING UNICEF:

Outcome 1: People in Tajikistan have their rights protected and benefit from improved access to justice and quality services delivered by accountable, transparent, and gender-responsive legislative, executive and judicial institutions at all levels.

Indicator: 1.9 Progress in implementation of the Judicial and Legal Reform Programme

Outcome 3: People in Tajikistan benefit from quality, equitable and inclusive health, education and social protection systems

Indicators: 3.1. Net enrolment ratio (NER) in primary education, children between the ages of 36-59 months

- 3.2. Transition rate from lower secondary to secondary general education, by sex (Grade 9 to Grade 10)
- 3.3. Percentage of children, aged 7-15, with registered disabilities attending mainstream schools
- 3.4. Out-of-school rate for adolescents of lower-secondary school age, by sex.
- 3.6. Percentage of GDP for public health expenditure
- 3.7. Neonatal mortality rate (per 1,000 live births)
- 3.8. Under-five child mortality rate (per 1,000 live births)
- 3.9. Maternal mortality ratio (per 100,000 live births) (disaggregated by wealth quintiles and region)
- 3.12.Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission
- 3.14 Percentage of young women/men aged 15–24 who correctly identify ways to prevent sexual transmission of HIV and reject major misconceptions about HIV transmission
- 3.15.Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.
- 3.17. Percentage of planned state budget expenditure on social protection (to be disaggregated by type of social protection)
- 3.18. Number of CWD receiving social pensions

Outcome 4: The nutritional status of the people in Tajikistan is improved through stable access to sufficient, appropriate and safe food, improved child feeding practices, better water and sanitation and improved access to quality health care

Indicators:

- 4.1. The prevalence of stunting, wasting, underweight among children under age 5
- 4.2. Exclusive breastfeeding rate among children under 6 months
- 4.3. Prevalence of anaemia among women of reproductive age (15-49)
- 4.4. Level of anaemia among children (6-59 months)
- 4.5. Percentage of households consuming adequately iodized salt
- 4.6. Proportion of children aged 0-59 months with diarrhoea receiving oral rehydration therapy and zinc

Outcome 5: Women, youth, children, persons with disabilities and other vulnerable groups are protected from violence and discrimination, have a voice that is heard and are respected as equal members of society

Indicator: 5.4 Ratification of the Convention on the Rights of Persons with Disabilities by the Government of Tajikistan Outcome 6: People in Tajikistan are more resilient to natural and man-made disasters and benefit from improved policy and operational frameworks for environmental protection and sustainable management of natural resources Indicator: 6.11. Proportion of rural communities with increased capacity to manage shocks and risks							
Related UNICEF Strategic Plan outcomes: 1, 2, 4, 5, 6, 7							
UNICEF country programme outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** *(in thousands of United States dollars)*		
					RR	***OR***	***Total***
1. More children, including the most marginalized, are surviving, healthy, well nourished and developing to their full potential in their early years, with focus on the first 1,000 days.	Neonatal mortality rate (per 1,000 live births, UNDAF indicator) *Baseline: 22 (2013)* *Target: 16 (2020)* Under-five child mortality rate (per 1,000 live births, UNDAF indicator) *Baseline: 48 (2013)* *Target: 25 (2020)* The share of the budget requirement for vaccines and related devices covered by the Government *Baseline: 20% (2014)* *Target: 50% (2019)* % of last births with a postnatal check-up by skilled health providers within one week after delivery *Baseline: 61% (total), 66% (Born in health facility), 47% (Born elsewhere (2012)* *Target: 80% (2018)*	Inter-agency Group for Child Mortality Estimation (IGME) IGME MoHSPP administrative data Demographic and Health Survey, /Multiple indicator Cluster Survey, MoHSPP	**1. More pregnant women and children benefit from Government's increased, efficient, transparent and equitable budget allocation and utilization regarding maternal and child health and nutrition interventions** **2. Caregivers and communities are supported to adopt healthy behaviours and appropriate nutrition and care practices for all children, including children with disabilities, HIV and TB, with special attention to the first 1,000 days**	Ministry of Health and Social Protection of the Population (MoHSPP), other relevant state institutions, civil society WHO, UNFPA, UNAIDS, WFP, FAO, UNDP	3 730	8 000	11 730

			3. Parents, caregivers and children demand and benefit from improved quality of maternal, newborn and child health care services, in accordance with international standards, including during emergencies **4. Government's capacity to coordinate and manage multi-sectoral nutrition and early childhood interventions is strengthened**			
	Prevalence of stunting (S), wasting (W), underweight (U) among children under 5 (UNDAF indicator) *Baseline: S 26%, W 10%, U 12% (2012)* *Target: S 20%, W 7%, U 8% (2018)* Level of anaemia among children aged 6-59 *Baseline: 29% (2009)* (UNDAF indicator) *Target: 25% (2018)* Prevalence of anaemia among women of reproductive age (15-49) (UNDAF indicator) *Baseline: 24% (2009)* *Target: 16% (2018)*	DHS/Nutrition survey DHS/Nutrition survey DHS/Nutrition survey				
	% of HIV positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission of HIV during the last 12 months (UNDAF indicator)	Country AIDS response progress reporting				

	Baseline: 31.9% (2013) *Target: 80% (2019)*						
2. All children have improved access to quality inclusive education, from early learning to secondary education, particularly those who are most marginalized.	Net enrolment ratio in pre-primary education, children aged 36-71 months (UNDAF indicator) *Baseline: 10% girls / 12% boys (2014)* *Target: 25% (2020)* Transition rate from lower secondary to secondary general education (Grade 9 to Grade 10, UNDAF indicator) *Baseline: 75% girls / 77% boys (2014)* *Target: 85% (2020)* % of children aged 7-15 with registered disabilities attending mainstream schools (UNDAF indicator) *Baseline: 19% (2013)* *Target: 40% (2020)* Out-of-school rate for adolescents of lower-secondary school age (UNDAF indicator) *Baseline: 9.1% girls / 2.4% boys (2011)* *Target: 2% (2020)* % of parents of children without disability who consider it acceptable that their children attend classes together with CWD *Baseline: TBD (2016)* *Target: TBD (2019)*	Education Management Information System, (EMIS), other State statistics data Knowledge, Attitudes, Beliefs and Practices Survey (KABP)	**1. More children aged 3-6 years benefit from increased capacity of government, partners, communities, and caregivers as duty bearers to provide and promote early learning** **2. More children demand and benefit from an increased political commitment, national capacity, and accountability to adequately programme to improve access and participation to complete preschool and basic education, and transition to further education, in an equitable environment** **3. All children benefit from improved capacity at the national level to legislate and plan for strengthening of education to realize quality learning in a**	Ministry of Education and Science; other relevant State institutions, civil society UNDP, UNFPA, UN-WOMEN, OHCHR, UNHCR, ILO, OSCE, World Bank, USAID, European Union (EU), German Development Institute (GIZ), Aga Khan Institute, Open Society Institute	2 635	6 190	8 825

			safe and inclusive environment				
3. Adolescents, including the most marginalized, are recognized as equal members of society and empowered to participate meaningfully in all aspects of life	% of adolescents (10-19 years old), who strongly agree that they can resist negative pressure from their peers and seniors *Baseline: Total, Male, Female (TBD)* *Target: Total, Male, Female (TBD)* % of adolescents, who report that they are involved in family and community decisions on matters that concern them *Baseline: Total, Male, Female (TBD)* *Target: Total, Male, Female (TBD)* % of adolescents, who report that they are involved in local government decisions on matters that concern them *Baseline: Total, Male, Female, CWD, ethnic minorities (TBD)* *Target: Total, Male, Female, CWD, ethnic minorities (TBD)* % of adolescents, including those who face stigmatization and discrimination. who know where and how to access youth-friendly services *Baseline: Total, Male, Female (TBD)* *Target: Total, Male, Female (TBD)*	State statistics data; As this is a new programming area, new data tools will be developed with Government to determine baselines and track progress. Targets will be set once the baseline is developed	**1.The normative framework and budget for adolescents, especially for the marginalized, is improved to promote the realization of their rights to information, quality services and participation in matters concerning their lives** **2.Adolescents, including the most marginalized, demand and have access to quality youth-friendly information, services and capacity development** **3.Social norms shift in favour of the increased participation and voice of all adolescents, with a special focus on the most marginalized**	Committee on Youth, Sports and Tourism, other relevant State institutions, civil society WHO, UNFPA, UN-WOMEN, UNAIDS, UNDP	1 975	3 500	5 475

4. Children who are most at risk benefit from a better functioning protective environment that prevents and responds to deprivation, violence, abuse, exploitation and neglect	% distribution of children in formal care by type of care (residential care vs. family-type care), at the end of the year *Baseline: 84%/16% (2013)Male, Female, CWD (TBD)* *Target: 77%/23% (2020) Male, Female, CWD (TBD)* Number of CWD in residential care (disaggregated by sex) *Baseline: 2,493 (2013) Male, Female (TBD)* *Target: 1,653 (2020) Male, Female (TBD)* Number of children in contact with law diverted to alternative community based support during the year *Baseline: 99 (2013) Male, Female (TBD)* *Target: 200 (2020) Male, Female (TBD)* Number of CWD receiving community care service during the year *Baseline: 240 (2014) Male, Female (TBD)* *Target: 1000 (2020) Male, Female (TBD)* Percentage of parents who consider physical punishment of their children acceptable under given circumstances *Baseline: TBD (2016)* *Target: TBD (2019)* Number of CWD receiving social pensions (UNDAF indicator) *Baseline: Total: 26,000 (2014), Male, Female (TBD)* *Target: Total: 35,000 (2020), Male, Female (TBD)* % of planned state budget expenditure on social protection (to be disaggregated by type of social protection) (UNDAF	TRANSMONEE State statistics data World Bank KABP Survey	**1. Children benefit from an improved protection system based on a policy and legal framework in line with international standards, adequately resourced by evidence-based, equitable resource allocation and executed through strong inter-sectoral coordination at central and local levels** **2. National and local authorities increasingly ensure availability and accessibility of quality child protection services and social benefits, including during emergencies, for children most at risk and their families** **3. Social norms shift in favour of better protection and inclusion of the most marginalized children**	Commission on the rights of the child, other relevant State institutions, civil society UNDP, WHO, UNFPA, UN-WOMEN, OHCHR, UNHCR, ILO, USAID, EU, Swiss Development Cooperation, GIZ, Japan International Cooperation Agency	3 805	5 500	9 305

	indicator) *Baseline: 18,6% (2015)* *Target: 22% (2020)*						
5. Cross-sectoral	Effective development, planning, coordination, delivery and monitoring of country programme results	Periodic reviews and evaluations of programme components	Guidance, tools and resources to effectively design and manage programmes are available to UNICEF and partners Strategies to address cross-cutting issues related to child rights are implemented		1 500	500	2 000
Totals					**13 645**	**23 690**	**37 335**

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Item 4 (a) of the provisional agenda*

Country programme document

The former Yugoslav Republic of Macedonia

Summary

The country programme document for The former Yugoslav Republic of Macedonia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,270,000 from regular resources, subject to the availability of funds, and $9,100,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016-2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. The former Yugoslav Republic of Macedonia has a population of 2.064 million,[1] comprising ethnic Macedonians (64 per cent), ethnic Albanians (25 per cent), and other smaller ethnic communities. The country is an upper-middle-income country and a European Union (EU) candidate since 2005. It has enjoyed stable economic growth during the past few years, with gross domestic product (GDP) growth expected to reach 3.5 per cent in 2015 and 3.8 per cent in 2016.[2] GDP per capita has doubled since the country achieved independence in 1991, but still represents only 35 per cent of the average GDP in the EU.

2. Unemployment, at over 28 per cent, remains high, with over half of young people aged 15-24 jobless (54 per cent men, 49 percent women).[3] While 26.2 percent of the population lives at risk of poverty,[4] children are more severely affected, with 31 per cent living in poverty.[5] Inequalities continue to persist: the Gini coefficient is 0.388 (2012),[6] and a 2010 report[7] indicated that, while 20 per cent of ethnic Macedonians are poor, the proportion is 35 per cent for ethnic Albanians and 65 per cent for Roma. Child marriage among Roma girls is still widespread: some 22 percent of girls aged 15-19 are married, compared with a 4 per cent national average.[8]

3. According to national statistics, the infant mortality rate (IMR) was 10.2 in 2013, down from 30.1 in 1993.[9] Ethnic disparities remain significant: among Roma children IMR is 1.7 times higher, and stunting three times higher, than the national average.[10] Access to quality health care, including early detection and intervention for children with developmental difficulties, is the key supply-side barrier to health for marginalized families. Home-visiting services are insufficient, with uneven geographical distribution, and only 20 per cent of nurses having adequate skills in developmental paediatrics.[11] On the demand side, low parental awareness is an obstacle to quality services, and there is limited or no use of health care for children with disabilities (CWD), especially among Roma families.

4. Enrolment in Early Childhood Education (ECE) for children aged 3-5 increased from 21.8 per cent in 2007 to 29 per cent in 2013,[12] and the Ministry of Labour and Social Policy reported an enrolment rate of 34 per cent in 2014. Equity gaps are significant: the most recent Multiple Indicator Cluster Survey (MICS), conducted in 2011 and published in 2013,[13] shows that ECE attendance

[1] Data from the 2002 Census, the most recent census.
[2] The World Bank Group, 2015 Global Economic Prospects Report.
[3] State Statistical Office (SSO), Active Population in the Republic of Macedonia Results from the Labour Force Survey, quarter III, 2014, at http://www.stat.gov.mk/pdf/2014/2.1.14.34.pdf.
[4] SSO, Laeken poverty indicators in 2012, at http://www.stat.gov.mk/pdf/2014/4.1.14.95.pdf.
[5] Ibid.
[6] Ibid.
[7] Bartlett W., et al., People Centred Analyses Report: Quality of Social Services, South-Eastern European Platform/United Nations Development Programme (Skopje, 2010).
[8] Multiple Indicator Cluster Survey (MICS) 2011.
[9] Health Centre, Skopje, 2013 Women and children Health status report, while the United Nations Inter-agency Group for Child Mortality Estimation has IMR at 5.8 for 2013.
[10] All data for comparisons in this paragraph are from the 2006 and 2011 MICS.
[11] Curatio International, Assessment of the community nursing system, 2012.
[12] UNICEF CEE/CIS Regional Office, evaluation of the ECD Programme, 2014.
[13] MICS 4 measured attendance in ECE for children aged 3-4.

among Roma girls is only 1.1 per cent and 6 per cent among boys. Between 2005 and 2011, attendance of ethnic Macedonians increased from 17 per cent to 37 per cent, while attendance was still below 4 per cent for ethnic Albanians and Roma. Attendance in urban areas increased from 18.5 per cent to 37.2 per cent, but only from 1.5 per cent to 6 per cent in rural areas. CWD represent only 0.5 per cent of children enrolled in 2013.[14]

5. The previous country programme laid the foundations for equitable access, learning and inclusion through the ECE reform[15] and the new legislation that introduced diversified ECE provision. Despite these efforts, significant bottlenecks remain: lack of services in rural and marginalized areas, inadequate capacity of institutions and professionals, and weak cross-sectoral cooperation. Together with low parental awareness on the importance of early learning, they constitute a major barrier to achieving continuity of care for young children.

6. Net attendance in primary education remains high, at 98 per cent.[16] Targeted actions to reduce dropout contributed to an increase in attendance among Roma from 61 per cent to 86 per cent between 2005 and 2011. However, 61 per cent of children aged 15-18 (65 per cent girls and 56 per cent boys) in Roma settlements still do not attend secondary school and only 70 per cent of ethnic Albanian girls attend secondary education.[17] During the previous programme of cooperation the curricula were aligned with the Child-Friendly Schools standards. Teacher knowledge and student learning were improved in early numeracy, literacy, inclusive education and multiculturalism. Monitoring and evaluation mechanisms were established for measuring student learning outcomes. However, despite some progress, national learning averages remain below international standards and some children are not benefiting equally from quality support, including Roma children, and especially CWD, the majority of whom are still excluded from primary education.[18]

7. From early ages, CWD face numerous barriers to inclusion. Early detection and intervention services are limited in scope and coverage, with home-visiting services representing an untapped potential to address these gaps. Stigma towards CWD is still widespread: only 4 per cent of the population is in favour of inclusive education.[19] Legislation supports inclusive education; however, teachers and services are not equipped to implement it. While the medical model continues to be used for assessing CWD, protocols are currently being revised, with UNICEF support, to bring them in line with the United Nations Convention on the Rights of Persons with Disabilities. A 2014 cross-sectoral assessment using a determinant analysis, carried out according to the Monitoring Results for Equity System, highlighted the following as major bottlenecks and barriers to the realization of the rights of CWD and their full inclusion in society: lack of long-term planning and

[14] SSO, Public Institutions for Children Care and Education — Kindergartens (annual reports for 2007-2013).

[15] National evaluation of the ECD programme in The former Yugoslav Republic of Macedonia.

[16] All comparisons in the paragraph are between MICS 3 (2006) and MICS 4 (2011).

[17] MICS 4 (2011).

[18] Child-friendly schools 2007 baseline study estimated that 15 per cent of children in schools are have disabilities. Progress assessment on early numeracy and literacy shows differences in learning based on the language of instruction.

[19] UNICEF National KAP (knowledge, attitudes, practice) Survey towards Inclusion of Children with Disabilities, 2014.

sustainable cross-sectoral coordination of child-centred services; limited information on disabilities that is in line with standards of the Convention on the Rights of Persons with Disabilities to guide policy and practice; and low awareness of disabilities in society.

8. The number of children living in institutions dropped from 398 in 2008 to 303 in 2013,[20] and to 18 per cent from 21 per cent for children under 3. CWD represent 14 per cent of the total. In addition, 340 persons above 18, almost all with disabilities, still live in residential care institutions. The number of children in foster families increased, and now represent the majority (53 per cent) of all children living in formal care. Community-based services, including for CWD, have been established, but are still insufficient due to significant remaining bottlenecks, which include lack of programmes to support families in preventing child abandonment and inadequate monitoring of the placement of children in alternative care.

9. Significant progress has been made over the past decade in reforming the system of justice for children: the proportion of children spending more than the legal limit of 60 days in pre-trail detention dropped from 50 per cent in 2007 to 9 per cent in 2012. And while in 2009 as many as 20 per cent of the cases took more than one year to be processed, this figure dropped to 2 per cent in 2013.[21] The previous programme of cooperation supported the adoption of a new law on Justice for Children that meets international standards, including those on treatment of child victims and witnesses, alternative sanctions and free legal aid for juvenile offenders. The National Council on Prevention of Juvenile Delinquency was established in 2009 to monitor the situation of children in the justice system, propose legislative and budget changes, and report to the Government, Parliament, Supreme Court and Judicial Council. In 2011, a National Prevention Strategy, together with a set of clear indicators, was adopted to monitor the implementation of the Justice for Children law, which unified the system for data collection and monitoring of children in the justice system.

10. Violence against children is still widespread: MICS 2011 indicated that almost 70 per cent of children aged 2-14 (71 per cent boys and 67 per cent girls) had been subjected to some form of psychological or physical violence by adults living in the household. Nearly 5 per cent of all children had been subjected to severe physical punishment. While the country has adopted policies to protect children's rights, there is no coordinated approach to preventing and responding to violence against children, and no unified data collection and monitoring system. Skilled and specialized professionals are scarce, and there is limited capacity to provide support, protection and care to children.

11. Regarding social assistance, allocations for such programmes are still among the lowest in the region (1 per cent of GDP), the level of child allowances is inadequate to meet basic needs,[22] and 26 per cent of children from the poorest decile are not eligible for benefits. A determinant analysis carried out with partners showed that a key bottleneck in this area is insufficient human and financial resources allocated to the Centres for Social Work (CSWs), which administer benefits and deliver social services. While professional standards have been developed,

[20] All data in this paragraph are based on TransMonEE database, 2014.
[21] SSO, Perpetrators of Criminal Offences in 2009 and 2013.
[22] UNICEF, Strengthening Social Protection for Children, 2013.

mechanisms to monitor the quality and accountability of the delivery of social services remain weak.

12. The 2006-2015 National Plan of Action on the Rights of the Child was revised in November 2012 in response to the June 2010 concluding observations of the Committee on the Rights of the Child. The Committee had expressed concerns about the slow pace of implementation and the absence of earmarked funds for implementation, monitoring and evaluation of the Plan. A National Commission on the Rights of the Child was established in 2005, but was given limited resources and no decision-making authority. The Committee on the Rights of the Child recommended that the Commission take the lead in policy planning and priority-setting for the implementation of the Convention.

13. The country is vulnerable to natural disasters such as earthquakes, floods, landslides and extreme weather conditions. The Government has in place an inter-ministerial ad hoc Steering Committee and a Crisis Management Centre responsible for coordinating any humanitarian response to natural disasters. This mechanism proved effective during the small-scale seasonal floods of spring 2013.

14. The 2014 regional, and subsequent national, evaluation[23] demonstrated that previous programmes of cooperation had effectively increased access to ECE through the following measures and strategies: UNICEF support to the Government for system reforms through changes in legislation, the modelling of ECE centres, the development of early learning standards, the professional development of teachers, monitoring procedures, and knowledge generation. These created the preconditions for closing equity gaps. An important finding of the evaluation was that facilitating access to high-quality technical expertise, convening diverse partners and modelling were key success factors in bringing about required changes in legislation and policies, and for generating national dialogue and consensus.

15. Lessons learned also included the need for further understanding and responding to the needs of the most marginalized children, such as Roma and CWD. The evaluation recommended setting up integrated services to compensate for the lack of developmental and learning opportunities at home for marginalised children, as well as further strengthening national institutions to deliver equitable quality services and improving decentralized management of ECE.

Programme priorities and partnerships

16. The overall goal of the country programme is to support Government efforts in advancing the realization of children's rights, with special attention paid to the most marginalized: Roma children, CWD and child victims of violence and abuse. To this end, the programme will focus on reducing disparities in access to quality services for marginalized children, fostering cross-sectoral cooperation, promoting inclusion, tolerance, and respect for multiculturalism and diversity among the various segments of the population.

[23] Education for Change (2014) Regional Knowledge Leadership Agenda multi-country evaluation: increasing access and equity in early childhood education in six CEE/CIS countries/territory, 2005-2012; Education for Change (2014) Evaluation of the Early Childhood Development Programme in The former Yugoslav Republic of Macedonia.

17. Key programme priorities include young child well-being, education and early learning, prevention of and response to violence against children, social protection, and child rights monitoring. All programme components will include a disability component to promote an inclusive approach, with special attention given to the children's development, learning and participation, as well as child-centred services. The programme will be national in scope, but focused on the seven municipalities with the highest density of Roma population, where child marriage will also be tackled as a gender priority across all components through communication for social change.

18. The programme will address the major bottlenecks identified in its Theory of Change, emphasizing the following strategies and measures: improving the supply side regarding services and the enabling environment, facilitating better cross-sectoral coordination and linkages, and strengthening systems at national and local levels for equitable provision of services that are high-quality, inclusive and innovative. The programme will also tackle barriers related to increasing the demand for quality services and promoting outreach services while empowering rights-holders, especially the most marginalized children and families.

19. The programme will support key national priorities as outlined in the country's revised 2006-2015 National Plan of Action on the Rights of the Child. The programme will contribute to the sector strategies in health, ECE and education, justice for children, and social protection, and will be aligned with key legislation and policies, notably: the National Strategy on Roma for 2014-2020; the National Strategy on Equalizing Rights of Persons with Disabilities for 2010-2018; the revised National Strategy for the reduction of Poverty and Social Exclusion for 2010-2020; and the National Program for the Development of Social Protection for 2011-2021.

20. The programme will contribute to the implementation of the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities. The country programme will support the Government to further address the 2010 concluding observations of the Committee on the Rights of the Child. The programme accords with the EU 2020 Strategy for Smart, Sustainable and Inclusive Growth, and will contribute to the post-2015 Sustainable Development Goals.

21. The programme is linked to the United Nations National Strategy 2016-2020 for Partnership for Sustainable Development (UNPSD) and directly supports three of its outcomes: Social Inclusion, Governance, and Gender Equality.

22. In pursuing results for children, the programme of cooperation will apply normative principles of the human rights-based approach to development, gender mainstreaming and environmental sustainability, and will employ implementation strategies that are in line with the UNICEF Strategic Plan, 2014-2017, and with regional strategies. It will contribute to strengthening cross-sectoral capacities and integration in order to provide effective, inclusive and innovative services, and facilitate the costing and assessment of policy models and programmes. The programme will help to strengthen systems to monitor child rights, fostering a national dialogue on child-friendly social norms, including through communication for social change, to trigger positive changes in attitudes and practices.

23. UNICEF will support the programme with evidence-based and equity-focused policy advice and technical expertise, largely by enabling knowledge exchange. It will continue to play the role of a strong and independent voice for all children and will support the leveraging of resources for children. The programme will be

implemented in close partnership with line ministries and other Government bodies at all levels of governance, with an increased focus on multisectoral coordination.

24. The programme will closely identify and monitor assumptions and risks for the achievement of expected results, including political and social developments, as well as natural disasters, such as floods, earthquakes, landslides and extreme temperatures.

Young child well-being

25. This programme component aims to achieve, in close coordination with other components, equitable access to quality community Early Childhood Development (ECD) services providing essential health care and adequate support for families with young children, including Roma and children with developmental difficulties. It will also support national authorities in planning and budgeting for the most marginalized children, thus aligning national policies with the World Health Organization regional strategy "Health 2020".

26. Primary health care will be strengthened for better early detection of, and intervention for, children with developmental difficulties, as well as for appropriate health- and nutrition-seeking behaviours, with special focus on Roma. This will be achieved by scaling up the capacity of the home-visiting system and by promoting cross-sectoral collaboration among health, social and education services. Knowledge and skills of parents on appropriate health practices, on ECD and on prevention of harsh child discipline will be enhanced through community-based organizations, so as to overcome key bottlenecks related to lack of awareness and low demand for quality services.

27. Poor access to quality services by Roma children will be addressed through the integration of the Roma health mediator's programme into national and local planning and budgeting processes, as the programme has proved to be an effective mechanism for coordinated community services. This component will enable about 10,000 children and their families in the seven municipalities with the highest density of Roma population to benefit from an integrated model of health, social and ECD services.

Equitable and inclusive quality early learning and education

28. This component will support national efforts to increase participation in inclusive and quality early learning and compulsory education by the most marginalized boys and girls, including Roma children and CWD. In early education, the programme will continue to support the Government in further expanding equitable access for marginalized children aged 3-5 to quality early learning, in an inclusive, multicultural, gender-sensitive environment, and to ensure a smooth transition to primary education. Kindergartens and ECE centres will be empowered to be more inclusive and to strengthen linkages with parents, support services, schools and community health services.

29. This programme will continue the reform of the national pre-service and in-service teacher training system, so that teachers acquire the required competencies and professional standards needed for a truly inclusive education system. Policy advice, technical solutions, evidence generation and knowledge exchange will represent the cornerstone of the UNICEF contribution to the implementation of these reforms. Quality assurance mechanisms, including inspection, monitoring, and evaluation, will be strengthened. Cross-sectoral approaches and new financial formulas and allocations will be introduced to benefit marginalized children.

30. This component will support modelling of inclusive, quality and multicultural early learning and education practices and transition to primary schools for the most marginalized children: throughout the country for CWD, and in the seven selected municipalities with predominant Roma population. UNICEF will facilitate access to expertise in communication for social change, so as to increase awareness on early learning and on inclusive and intercultural education.

31. In compulsory primary and secondary education, the programme will foster inclusive, safe and protective learning environments and will improve the quality of education of all children, girls and boys through reforming and strengthening the national system of assessment and evaluation of learning outcomes in numeracy, literacy, life skills and multiculturalism, based on best international standards. UNICEF will provide tailored support to reduce gender disparities in lower-secondary education among school-age pupils, including Roma. Successful models will inform national policy reform and facilitate cross-sectoral cooperation for the inclusion of the most marginalized children in quality inclusive education.

Prevention and protection from violence and abuse

32. This component aims to improve the prevention of, and response to, violence and abuse of boys and girls, through strengthening national systems and quality services for detection, referral and response. Collaboration among key sectors, including health, education, justice and social protection, will be improved.

33. To address the weak coordination and duplication of efforts among the relevant sectors, the programme will promote multi-agency response services addressing legal, medical, psychological, educational and social needs of child victims of violence and abuse. A national legal framework will be developed and capacities enhanced for detecting, referring and responding to violence. An effective identification and referral process linking education, health, justice, police, social welfare and civil society organizations (CSOs) will be established. The availability and diversity of response services will be improved.

34. The programme will support social workers to prevent and respond to violence against children through the development and implementation of prevention programmes and services. Communication for social change will be used to increase awareness, to address the underlying community and societal factors that allow violence to thrive, and to promote positive discipline practices among families and communities. UNICEF will continue playing a convening role in promoting multisectoral coordination, knowledge exchange and modelling of community-based services for child victims of violence and abuse. Specific attention will be given to improving data collection, monitoring and reporting mechanisms.

Social protection

35. This component seeks to strengthen the country's capacity to improve inclusive access to integrated social protection services to tackle poverty, discrimination and social exclusion. It will support policy analysis on child poverty and multidimensional deprivations and disparities. The programme will support the Government in using results-based budgeting for children in the social protection system, and in generating knowledge and data on marginalized children.

36. Building on previous achievements, the programme will strengthen the capacity of the national social protection system to improve the resilience of

children and their families through stronger linkages with child protection services, early learning, education, and health services. It will build the capacities of the social protection system to provide inclusive services to CWD and their families by promoting a social model for assessment of disabilities. To this end, the capacity of social workers will be strengthened through technical assistance in order to improve social work outreach for children. Some social norms will be addressed to positively influence attitudes and practices of professionals and the general public towards the most marginalized children.

37. The programme will seek to improve the design and administration of social transfers for children and their families, with a special focus on improving the coverage for the most marginalized children. This will be achieved through evidence-based policy advice and technical assistance in reforming social transfers so that they increase equity and have a meaningful impact on poverty reduction and social inclusion.

Child rights monitoring

38. This component, which will work in synergy with the others, seeks to strengthen the capacity of national institutions and CSOs to monitor child rights' realization, with a focus on Roma children, child victims of violence and CWD. It will support child rights monitoring and evaluation mechanisms, including systematic gathering, analysis and use of disaggregated data. The programme will further support the ECE database, the Education Management Information System (EMIS), and the CSW database on children at risk. It will also develop and pilot a new data collection system on Roma children, CWD and on child victims of violence.

39. Partnerships with national institutions, the Ombudsman office and non-governmental organizations (NGOs) will be strengthened by enhancing their capacity to conduct and disseminate research and evidence-based analysis on child rights, and to promote a culture of child rights in the country.

40. Partnerships and alliances with civil society, the private sector and media will continue to be critical to engage communities and society in the realization of children's rights. Work will be furthered with Parliamentarians, the academic community, human rights institutions, and associations of parents of CWD, Roma organizations and other civil society organizations. The programme will continue to work with the private sector to leverage resources and mobilize support for social change on behalf of children.

41. UNICEF will continue to foster partnership with the EU to place children's rights on the accession agenda, and will continue its partnership with the World Bank to dialogue about its planned assistance for ECD, social protection and inclusion. The country programme will leverage other partnerships, to promote cooperation within the country and across countries in the region.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Young child well-being	750	910	1 660
Equitable and inclusive quality early learning and education	1 420	5 733	7 153
Prevention of and protection from violence and abuse	750	910	1 660

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Social protection	800	910	1 710
Child rights monitoring	550	637	1 187
Total	**4 270**	**9 100**	**13 370**

Programme and risk management

42. As an active member of the United Nations Country Team, UNICEF will continue to use existing mechanisms to coordinate planning, implementation, monitoring and evaluation of the UNPSD 2016-2020, through the United Nations Working Groups contributing to the its outcomes. Two-year workplans will be developed together with national partners to operationalize the country programme.

43. The main risks to the achievement of the expected results relate to governance and accountability at all levels, as well as the potential shrinking of external funding. Mitigation measures will include risk-informed planning; maintaining close relationships and partnerships with Government institutions at national and local levels; supporting CSOs; diversifying and leveraging funding sources; closely monitoring implementation of the Harmonized Approach to Cash Transfers, including a yearly quality assurance plan; and supporting national efforts in emergency preparedness and response.

44. This country programme document outlines the UNICEF contributions to the country's results. It serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures and the internal controls framework.

Monitoring and evaluation

45. In monitoring progress towards the realization of child rights, the country programme will address major bottlenecks faced by the most marginalized children and families. Capacities and mechanisms for implementation, monitoring and evaluation of responsible institutions, including relevant ministries, the State Statistical Office and civil society partners, will be strengthened.

46. The 2011 MICS, administrative data and other sources will be used to establish baselines. Additional assessments on child poverty and marginalized groups will be conducted to monitor trends in disparities, including those related to gender. UNICEF plans to help the Government to conduct one MICS round in the course of the country programme. The situation analysis will be regularly updated. The programme will systematically track progress against planned results through midyear and annual reviews. Major planned evaluations will cover CWD, ECE, education and social protection, and will be complemented by other independent evaluations at regional level.

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Annex

Results and resources framework

The former Yugoslav Republic of Macedonia-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child articles: 2, 4, 5, 9, 12, 18, 19, 20, 21, 23, 26, 27, 28, 29, 39, 40.
National priorities:
National Action Plan for the Rights of the Child (2012-2015); National Program for the Development of Social Protection (2011-2021); National Strategy for the Reduction of Poverty and Social Exclusion (2010-2020); National Safe Motherhood Strategy (2010-2015); National Strategy on Roma (2014-2020); National Strategy on Equalizing Rights of Persons with Disabilities (2010-2018); National Strategy to Prevent Juvenile Delinquency (2010-2020)

United Nations Development Assistance outcomes involving UNICEF:
Outcome 2: By 2020, national and local institutions and officials are better able to design and deliver high-quality services for all residents, in a transparent, cost-effective, non-discriminatory and gender-sensitive manner
Outcome 3: By 2020, more members of socially excluded and vulnerable groups are empowered to claim their rights and enjoy a better quality of life and equitable access to basic services
Outcome 5: By 2020, state institutions are fully accountable to gender equality commitments, and women and girls are more empowered to make choices and lead lives free from discrimination and violence

Outcome indicators measuring change that include the UNICEF contribution: Share of children who attend preschool disaggregated by gender and ethnicity: Share of children with disability attending mainstream schools; Number of recommendations of the Committee on the Rights of the Child, Committee on the Elimination of Discrimination against Women, and the Universal Periodic Review recommendations implemented by state institutions;

Related UNICEF Strategic Plan outcomes: 1, 5, 6, 7

UNICEF outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** *(thousands of US$)*		
					RR	**OR**	**Total**
Young child well-being By 2020, an increased number of young girls and boys, including Roma and children with disabilities, access and benefit	**Indicator 1:** % of home-visiting nurses with adequate skills related to child health, nutrition and development, including on early detection and intervention for children with disabilities.	Assessment of the home-visiting nurses training.	**Output 1:** Health policies targeting Roma and children with disabilities are developed, budgeted and implemented **Output 2:** Primary health care providers have increased knowledge and skills related to child health, nutrition and	Ministry of Health; civil society organizations (CSOs); United Nations partners	750	910	1 660

from quality, integrated and inclusive health care.	**Baseline (2015):** 20% **Target (2020):** 100%		development, including on early detection and intervention for CWD **Output 3:** Model of integrated outreach services for Roma tested and scaled up				
	Indicator 2: % of Roma girls and boys aged 0-3 in seven selected municipalities accessing mainstream services.[1] **Baseline:** Girls: TBD in 2015 Boys TBD in 2015 CWD: TBD in 2015 **Targets:** TBD in 2015	Roma Health database.					
	Indicator 3: % of mothers or primary caregivers of Roma girls and boys aged 0-3 in seven selected municipalities, with knowledge on positive parental practices. **Baseline:** TBD in 2016 **Target:** TBD in 2016	Assessment of the Roma Health Mediators Programme Survey using the same methodology as the baseline assessment					

[1] To be measured through a survey covering all primary schools.

Equitable and inclusive quality early learning and education By 2020, an increased number of marginalized boys and girls are included in quality, inclusive and multicultural early learning and education	**Indicator 1**: % of girls and boys aged 3-5 enrolled in ECE **Baseline:** TBD in 2016 Albanians Roma Boys Girls Children with disabilities **Target:** TBD in 2016	ECE database	**Output 1:** Mechanisms for support and quality assurance to ensure inclusion of the most marginalized children are strengthened **Output 2:** Quality, inclusive and multicultural early learning practices are established and inform policy reforms and cross-sectoral cooperation **Output 3:** Capacities and mechanisms for implementation, monitoring and evaluation of inclusion in quality, inclusive and multicultural education are upgraded **Output 4:** Quality, inclusive, multicultural educational practices and models of protective environment inform policy reforms and cross-sectoral cooperation **Output 5:** Parents and communities demand for quality, inclusive early learning and education practices	Line ministries EU World Bank Academia Non-governmental organizations (NGOs)	1 420	5 733	7 153
	Indicator 2: Number of CWD in primary education[2] **Baselines**: TBD in 2015 Ethnic Albanians Roma Boys Girls **Targets**: TBD in 2015	Research study					
	Indicator 3: % of 4th grade students achieving basic level in numeracy and literacy based on international standards **Baselines**: TBD in 2016 Boys Girls Ethnic Macedonians Ethnic Albanians Roma **Target**: TBD in 2016	Early literacy and numeracy interventions evaluation Survey using the same methodology as baseline evaluation					

[2] To be measured through a survey covering all primary schools.

	Indicator 4: % of respondents above age 15 supporting inclusion of CWD in regular schools **Baseline (2014):** 4% **Target (2020):** 40%	KAP (knowledge, attitudes, practice) survey					
Prevention of and protection from violence and abuse By 2020, an increased number of boys and girls benefit from child protection interventions aimed at preventing, adequately detecting, referring and responding to violence and abuse	**Indicator 1:** Number of cases per year of child victims managed by multi-agency teams **Baseline (2015):** 0 Boys: 0 Girls: 0 **Target (2020):** 206 Boys: 12 Girls: 194	People at risk and users of social services (LIRIKUS)[3] State council reports	**Output 1:** Legal framework and capacities to detect, refer and respond to violence are developed and implemented with cross-sectoral coordination **Output 2:** A model of multi-agency services is piloted and scaled-up **Output 3:** Increased use of non-violent discipline methods by parents	Line ministries, CSOs, academia.	750	910	1 660
	Indicator 2: % of children aged 2-14 who experienced psychological aggression or physical punishment during the last month **Baseline (2011):** 69% Boys: 71% Girls: 67% **Target (2020):** 50% Boys: 50% Girls 50%	Multiple Indicator Cluster Survey					
	Indicator 3: % of annual cases of children victims identified and referred by health and education **Baseline (2014):** Education:15% Health: 0%	State council reports					

[3] Database of at-risk children receiving social services.

	Target (2020): Education:30% Health: 20%						
Social Protection By end of 2020, an increased number of girls, boys and their families benefit from integrated and child-sensitive social protection services and transfers that address poverty, deprivation and social exclusion.	**Indicator 1:** % of boys and girls identified as having a disability using the International Classification of Functioning, Disability and Health — Children and Youth (ICF-CY) assessment **Baseline (2014):** 0% **Target (2020):** 90%, with equal gender and ethnic distribution.	Assessment commissions reports Cash Benefits Management Information System[4] reports; TransMonee. Institute for Social Activities (ISA)/LIRIKUS reports	**Output 1:** Social services and transfers are adequately planned, delivered, financed and monitored to reach the most marginalized children **Output 2:** Improved cross-sectoral coordination and capacities to design, implement and budget for social protection policies and programmes **Output 3:** Centres for Social Work, ISA and NGOs have capacity to strengthen the resilience of children and families, including Roma and CWD	Line ministries, municipalities; World Bank; NGOs; Academia	800	910	1 710
Child rights monitoring By end-2020, relevant State institutions and CSOs are empowered to monitor child rights focusing on most marginalized	**Indicator 1:** Education Management Information System (EMIS) provides real time data on inclusion of children with disabilities in education **Baseline (2015):** No data available **Target (2020):** Data on inclusion of children with disabilities available	EMIS reports	**Output 1:** State institutions and Ombudsman office generate data on the situation of most marginalized children, Roma and CWD, and use it for policy formulation **Output 2:** CSOs are empowered in evidence-based advocacy and promotion and monitoring of child rights.	State Statistics Office, Ombudsman, NGOs, Academia	550	637	1 187

[4] Database of recipients of social transfers.

	Indicator 2: Implementation of the concluding observations of the Committee on the Rights of the Child in the following areas: (a) Unit on child rights protection within the institution of the Ombudsman has the capacity, authority, resources and financial independence necessary to carry out its mandate effectively (b) CWD are able to exercise their right to education to the maximum extent possible (c) Child victims and witnesses of violence are provided with the protection required by the Convention on the Rights of the Child **Baseline (2015):** All three areas were highlighted as requiring particular attention in the latest concluding observations (2010) **Target (2019):** The Committee notes progress in all three areas in its concluding observations, expected in 2019	Ombudsman and NGO reports						
Total resources					**4 270**	**9 100**	**13 370**	

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Country programme document

Turkey

Summary

The country programme document (CPD) for Turkey is presented to the Executive Board for discussion and approval at the present session on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,785,000 from regular resources, subject to the availability of funds, and $50,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD which was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. Turkey, which is approaching high-income status,[1] has a diverse population of 77.7 million.[2] Social development indicators continue to improve. Under-five mortality, for example, has fallen sharply, from 24 per 1,000 live births in 2003-2008 to 15 in 2008-2013.[3] Turkey is playing an increasingly large role in the international sphere. It is a member of the Organisation for Economic Co-operation and Development (OECD) and the G-20, and is a candidate for European Union (EU) membership. Official development assistance tripled in 2010-2013, reaching $3.3 billion in 2013,[4] and increased further in 2014, partly due to the influx of Syrians.

2. The Tenth National Development Plan (NDP) aims to improve people's welfare, raise living standards, and establish a just, secure and peaceful living environment by sustainably advancing basic rights and freedoms[5] and by increasing per capita gross domestic product from $11,183 in 2013 to $16,000 in 2018.[6]

3. Meanwhile, average living standards are at just over half the EU average.[7] Relative poverty, based on 60 per cent of median equivalized household income, was 22.3 per cent in 2013,[8] while relative poverty among children was almost twice the OECD average,[9] affecting some 7.4 million children (33.1 per cent of girls and 32.0 per cent of boys).[10] Overall unemployment and youth unemployment stood at 9.9 per cent and 17.9 per cent in 2014,[11] respectively, while informal employment was 35.0 per cent (82.3 per cent in agriculture).[12]

4. There are persistent equity gaps, including socioeconomic, regional and rural-urban disparities in decent work, household income and infrastructure. Particularly disadvantaged children who face multiple deprivations are: children whose parents are poorly educated and have low-income, belong to large families, and live in rural areas, as well as children with disabilities (CWD). As Roma children also face exclusion and heightened risks, the Ministry of Family and Social Policies is preparing a Roma inclusion strategy. Gender inequalities persist, for women and girls.

5. Among the 26 NUTS-2[13] level statistical subregions, the gross value added per capita in 2011 was $13,865 in Istanbul, but only between $3,515 and $5,901 in the seven eastern subregions.[14] However, the Kurdish solution process, initiated after

[1] Turkish Statistical Institute (Turkstat) (www.turkstat.gov.tr)/Address-Based Population Registry System.
[2] Turkstat, National Income Statistics.
[3] Hacettepe Institute of Population Studies,2013 Demographic and Health Survey (DHS 2013).
[4] Turkish Cooperation and Coordination Agency (TIKA), Turkey Development Assistance Report 2013.
[5] Tenth National Development Plan (NDP) Paragraph 8.
[6] Tenth NDP Paragraph 120.
[7] Eurostat, GDP per capita, consumption per capita and price level indices, 2013.
[8] Turkstat, Income and Living Conditions Survey.
[9] OECD Family Database (2010 data).
[10] Turkstat, Children in Statistics 2014.
[11] Turkstat, Household Labour Force Survey (HLFS).
[12] Turkstat, HLFS.
[13] NUTS stands for Nomenclature of Territorial Units for Statistics.
[14] Turkstat, Regional Accounts.

three decades of conflict, is expected to boost economic and social development in the South-eastern province, facilitating progress towards equitable access to quality opportunities for children.

6. Syrians fleeing the Syrian crisis have entered Turkey in increasingly large numbers since 2011, while Iraqis have started arriving since 2014. As of March 2015, of the 1.7 million Syrians under temporary protection in Turkey, over half of them children, 250,000 reside in camps in provinces near the Syrian border,[15] while the others live in host communities, mostly in the same regions, but also in Istanbul and other large cities. Despite the generous and vigorous response of Turkey to the crisis, including through registration and health services, many Syrians under temporary protection are living in poverty and working informally. This situation has affected host communities, including children, through pressure on housing, prices, infrastructure and services.[16]

7. These socioeconomic disparities have disproportionate consequences for children: notwithstanding universal health insurance, existing social protection mechanisms and continuing improvements in basic health outcomes in all regions, disadvantaged children are more likely to grow up stunted, not to be immunized and to have inadequate housing and sanitation,[17] as well to face difficulties in access to quality education.

8. Disability constitutes a further dimension of inequity. Support for CWD has increased, but some bottlenecks persist in services and policy environments as well as adverse social attitudes. The Government has made preschool education mandatory for CWD. However, a determinant analysis carried out according to the Monitoring Results for Equity System (MoRES) methodology revealed that the lack of early and appropriate identification of disabilities prevents many CWD and children with developmental delays from accessing suitable services in the crucial early childhood years.[18] Some CWD live in institutions, including 1,315 children with severe disabilities who, in 2012, were still in institutions not exclusively for children.[19] CWD from low-income groups experience multiple barriers to social inclusion and access to services.

9. The Government increasingly recognizes the presence of large numbers of Syrians under temporary protection in Turkey as a development challenge, and has put in place new regulations giving more responsibilities to line ministries. In addition to implications of regional conflicts, Turkey is exposed to a high risk of natural disasters, particularly earthquakes, with the regions of Marmara and Van severely affected as recently as 1999 and 2011, respectively.

10. Children deprived of parental care have benefited from child care reform, which resulted in an increased use of family-type homes and foster care. At the end of 2014, a total of 12,171 children were in residential care, excluding institutions for persons with disabilities, and 4,008 children in foster care.[20] In addition, over

[15] Directorate General of Migration Management (DGMM) figures, March 2015.

[16] AFAD, Syrian Refugees in Turkey, 2013/Syrian Women in Turkey, 2014; Center for Middle Eastern Strategic Studies (ORSAM): Effects of the Syrian Refugees in Turkey, 2015.

[17] DHS 2013.

[18] Sabanci University, "Towards a Barrier-free Turkey: Where do we stand?" p. 192.

[19] Information obtained from the MFSP Directorate General for Services for the Elderly and the Disabled.

[20] MFSP Directorate General of Child Services.

the past decade, 13,646 children were adopted through a well regulated system that prioritizes national adoption and enables a few international adoptions under specific conditions. In order to further strengthen the child care system and overcome the remaining bottlenecks, priority should be given to the specialization of personnel and to make maximum use of existing standards. In addition, there is need for dedicated services tailored to the special circumstances of Syrian children under temporary protection who are deprived of parental care or other unaccompanied minors, including services offering opportunities to live in a caring and protective family environment.

11. Children, not only from disadvantaged backgrounds,[21] may experience injuries at home, at school and in the community, due to neglect, violence being used as a form of discipline, or sexual abuse.[22] Elements of a coordinated child protection system, including a national strategy and inter-sectoral provincial mechanisms, are in place. A National Strategy for the Prevention of Violence against Children has been drafted. However, the prevention of, and response to, violence, as well as for the rehabilitation of victims need further and more sustained social engagement, requiring much-increased participation of civil society. In addition, Syrian children under temporary protection have an acute need for safe and friendly environments for recreation and socialization, and in many cases require psychosocial support to overcome traumatic experiences and ongoing hardship.[23] Some urban adolescents face the risks associated with street life, including coming in conflict with the law and, a topic of great public concern, drug addiction.

12. Child labour persists, and this includes children working in the street and in small industrial and service enterprises, as well as migratory and seasonal work in commercial agriculture: in 2012, a total of 893,000 children (614,000 boys, 279,000 girls) were engaged in economic activity. This represents 5.9 per cent of children (15.6 per cent of children 15-17 and 2.6 per cent of children 6-14) and shows little sign of improvement since 2006.[24] In recent years, Syrian children under temporary protection are also observed to be working. Poverty is a key structural determinant of child labour, as is a general social acceptance of this phenomenon, hence the response should focus on increasing inter-sectoral coordination, financial assistance and social mobilization. The National Employment Strategy adopted in 2014[25] reaffirms the commitment to implement the Time-Bound Policy and Programme Framework for the Elimination of the Worst Forms of Child Labour.

13. Progress towards child rights in the justice system includes the setting up of specialized courts and procedures, as well as shorter detention periods, though policy implementation and geographic coverage are still incomplete. The number of juveniles who were received into security units as suspected offenders rose from 68,344 in 2009 to 115,439 in 2013, and as victims from 61,645 to 121,717.[26] There are also plans to establish a specialized unit for children within the Justice Ministry.

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[21] WHO, Adverse Childhood Experiences Survey among University Students in Turkey, 2013: 49.7 per cent of respondents reported at least one type of adverse childhood experience, positively associated with health risk behaviours.

[22] MFSP, National Research on Violence against Women in Turkey 2009, 2014; WHO.

[23] AFAD, Syrian Refugees in Turkey, 2013/Syrian Women in Turkey, 2014.

[24] Turkstat, Child Labour Survey (CLS).

[25] http://www.uis.gov.tr/uis/EylemPlanlariEN.

[26] Turkstat, Juveniles Received into Security Units.

Outstanding measures to overcome remaining bottlenecks include increasing the effectiveness of alternative measures, such as community-based protective measures and probation, and ensuring independent monitoring of the system.

14. Turkey has made significant efforts to increase access to preschool and improve its quality: net enrolment is 32.7 per cent for children 3-5 years and 53.8 per cent for five-year-old children (not including five-year-olds attending primary school).[27] However, children who are most deprived and at risk of exclusion often benefit the least, due to barriers related to lack of access to, and poor quality of, preschool services.

15. Enrolment in grades 1-8 is high for Turkish nationals: net enrolment in secondary education (grades 9-12) is 79.5 per cent for boys and 79.26 per cent for girls,[28] but with significant geographic variations. Secondary education has been compulsory since 2012, albeit not always in a formal setting. Children participating in secondary education through non-formal, distance learning may miss out on the additional opportunities of formal education. Non-attendance, class repetition and non-completion result from several determinants, especially child labour: some 50 per cent of children engaged in economic activity were not attending school in 2012.[29]

16. Educational achievements, as measured by TIMMS and PISA tests, have significantly improved, however the education system needs strengthening in terms of overall performance and reduction of disparities.[30] Children identified with special needs are generally integrated into regular classes, though there are still over 32,000 (12 per cent) children in separate classes and 23,000 (9 per cent) in separate schools.[31] The uneven quality of teaching and the shortcomings in school environments remain the key bottlenecks that discourage participation in education and prevent disadvantaged students from taking full advantage of education. Access for adolescents to opportunities such as sports, recreation and social participation outside the school is also affected by uneven availability and cost barriers.

17. Syrian children under temporary protection are at risk of becoming a lost generation. It is estimated that, as of March 2015, only about a third of the approximately 595,000 school-age Syrian children under temporary protection in Turkey were accessing educational opportunities. While over 90 per cent of school-age children in camps were in school, only about 25 per cent of children outside camps were benefiting from education.[32] Provincial education directorates are now supporting formal and non-formal education activities for Syrian children under temporary protection, either through State-run schools or supervised temporary education centres staffed with Syrian volunteer teachers. Key bottlenecks include lack of physical space, infrastructure and teachers, while structural barriers are language, child marriage and child labour. Life skills education (languages,

[27] Ministry of National Education (MoNE), Formal Education Statistics (FES), 2014-2015.

[28] MoNE, FES, 2014-2015.

[29] Turkstat, CLS.

[30] These issues are regularly analysed by Sabanci University Education Reform Initiative (ERG). See also World Bank: "Promoting excellence in Turkey's schools, 2013". The Tenth NDP also identifies quality issues in education (paragraph 141). However, recent changes in the education system were not directly linked to the Plan or embedded in wider consultations. See also the UNICEF CEE/CIS multi-country evaluation (MCE) of inclusive quality learning.

[31] MoNE, FES, 2014-2015, all levels.

[32] Based on DGMM and MoNE figures.

vocational training, distance learning) would also be appropriate for older children who have been out of school for a long time.

18. Secondary enrolment among girls has increased rapidly, but in some provinces it remains noticeably lower than for boys.[33,34] Moreover, enrolment does not necessarily translate into skills acquisition, social participation and empowerment for young women. According to the OECD, 45 per cent of women aged 15-29 were not in employment, education or training in 2013, compared to 18 per cent for men.[35] Girls do more housework,[36] take care of younger children, and are restricted in their activities, including use of the Internet.[37] Meanwhile, girls face significant risks of sexual violence and abuse.[38] Syrian girls under temporary protection in Turkey face similar challenges and risks.

19. Despite the rising average age of marriage, child and forced marriage persist, mainly for girls, sometimes at a very early age. A survey revealed that among women aged 20-24, 14.7 per cent were first married when they were aged under 18 and 1.1 per cent under 15.[39] This reflects structural determinants linked to traditional social norms, including the acceptability of unregistered religious marriages, as well as poverty, ignorance of the consequences of child marriage, and sometimes polygamy. Syrian girls under temporary protection are also at high risk of child marriage.[40]

20. In Turkey, as of January 2015, women held 14.4 per cent of parliamentary seats,[41] while women's participation in the labour force was 30.3 per cent in 2014, compared to 71.3 per cent for men.[42] Women constitute 72 per cent of unpaid family workers[43] but only 9.3 per cent of high-level executives.[44] Gender inequality remains high, depending partly on social background, due to traditional gender roles. The Tenth NDP[45] and the National Employment Strategy[46] seek to increase women's employment, including by improving the provision of day care, and to prevent widespread violence against women. The Tenth NDP[47] also recognizes the need to sustain improvements in women's health and education, and to increase their active participation in decision-making. A new national action plan for gender equality is being drafted.

21. There is a wealth of economic and social data regularly available in Turkey, and Government and non-governmental institutions frequently conduct studies and

[33] MoNE, FES 2014-2015.
[34] An IPA-I project "Promoting Gender Equality in Education" is being coordinated by MoNE Directorate General of Secondary Education.
[35] http://stats.oecd.org.
[36] Turkstat, CLS 2012.
[37] Turkstat, Youth in Statistics 2013.
[38] MESP, National Research on Violence against Women in Turkey, 2009 and 2014.
[39] DHS 2013.
[40] AFAD: Syrian women in Turkey 2014, p. 27.
[41] Parliament website: www.tbmm.gov.tr.
[42] Turkstat, HLFS.
[43] Turkstat, HLFS.
[44] Turkstat, Women in Statistics 2013 (March 5, 2014 news bulletin).
[45] Especially Priority Transformation Programme 8.
[46] http://www.uis.gov.tr/uis/EylemPlanlariEN.
[47] Paragraph 247.

surveys. In order to measure progress towards child rights with equity,[48] additional information that is more frequent, comparable and disaggregated by gender, geography and disadvantaged groups, should be generated, including through better use of existing databases and surveys.

22. Turkey has a strong tradition of delivering on State responsibilities through extensive public service networks. The longstanding cooperation with UNICEF has focused on technical support for the improvement of national public sector services and systems as vehicles of change and for moving forward child rights with equity. According to the midterm review (MTR) of the 2011-2015 Turkey-UNICEF country programme of cooperation, results of this programme included public institutions that developed a wide range of policies, innovative service models for children, curricula, standards and monitoring systems, accompanied by an enhanced capacity for implementing these innovations. This was achieved with a relatively large investment in modelling and piloting. At the same time, strategies of evidence-based policy dialogue, communication for behavioural and attitudinal change, brokering cooperation among sectors and stakeholders, and partnering with civil society and other key actors have been employed increasingly. Regarding policy dialogue, UNICEF demonstrated added value as convener and mobilizer of the Government, Parliament, civil society, and the general public, around key child rights issues.

23. The MTR also found that capacity development worked best when innovations had explicit linkages to government systems, and were accompanied by strong commitment to integration and scaling up. However, lack of disaggregated data, rapid social transformation and system changes, such as the 2012 education reform, made measuring impact on the most disadvantaged children very challenging. Moreover, as the capacity of Turkey expands in service provision, persisting bottlenecks often relate to the more structural determinants of governance, social norms and need for professional development.[49,50]

24. The large influx of Syrians has brought new challenges for child rights realization. The protracted crisis required a programme shift in the assistance for Syrians under temporary protection to address the needs in host communities to a much larger extent while continuing the support in camp settings, and an approach encompassing both humanitarian and development responses.

25. UNICEF contributed to the efforts of line ministries as well as emergency authorities to provide services and build more resilient systems, communities and individuals, including through enhanced normative frameworks. As confirmed by a 2015 evaluation of the UNICEF contribution to the 2011 Van earthquakes, it is vital to support families and long-term engagement beyond the initial crisis period.

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[48] 2011-2015 Turkey-UNICEF Country Programme Mid-Term Review report, p. 13.

[49] Including issues of coordination, monitoring, data, resource allocation, awareness and child participation. See Concluding Observations of the Committee on the Rights of the Child, 2012, paragraphs 12-21, 24-25, 34-35.

[50] The draft UNICEF CEE/CIS MCE of child care system reform highlights the impact of piloting/modelling when sustainable, and calls for more work on prevention, cross-sectoral integration, CWD/disadvantaged children, and enabling environments. The MCE of inclusive quality learning notes that UNICEF is already "moving from projects and outputs to a system approach focusing on system changes for greater results and sustainability".

Programme priorities and partnerships

26. The 2016-2020 Turkey-UNICEF country partnership will build on lessons learned and good practices to expand ongoing areas of engagement in national system-strengthening, especially in education, child protection and humanitarian action. The partnership will have a sharper equity focus on the most disadvantaged children and adolescents, addressing fewer issues for greater impact, with the aim to accelerate visible results in selected strategic, cross-sectoral child rights issues. Efforts to support Syrian and Iraqi children and their families, together with vulnerable host-community children, will be scaled up and incorporated further into the country partnership, with a strong resilience component built in.

27. Results will be achieved by supporting national capacity, making available the best technical knowledge, promoting inter-sectoral cooperation and partnering with a wider range of stakeholders. Simultaneously, the partnership will enhance the use of UNICEF convening and mobilizing expertise to leverage more of the capacity existing in Turkey, including in civil society,[51] around a broader child rights agenda. This agenda will result in greater knowledge and national dialogue on, and engagement for, child rights.

28. The country partnership will also emphasize integration and cross-sectoral linkages and create entry points for evidence-generation, policy dialogue and advocacy. Existing partnerships, including with civil society, will be expanded. Stronger provincial-level engagement will be required for humanitarian response and other geographically concentrated issues.

29. Communication will support programme objectives through public advocacy and engagement, and promotion of social and attitudinal change, while fostering greater child rights awareness and a prominent place for child rights on the national agenda. Interested communities will be engaged for maximum reach and sustainability. Children, adolescents and young people will play effective roles in addressing challenges that affect them/their peers and participate in related discussions and decision-making processes.

30. Reflecting both the United Nations Development Cooperation Strategy (UNDCS) and the UNICEF Strategic Plan, 2014-2017, the country partnership will adopt a human rights-based approach and will not only mainstream gender but also include a specific component on gender equality and girls' empowerment.

31. The Turkey-UNICEF partnership will evolve further to include national, regional and global dimensions, with an initial focus on humanitarian action, inclusive quality education and child protection, thus strongly supporting the international dimension of the country partnership.

Equity, social inclusion and resilience-building

32. This component will touch the lives of several million children in all parts of Turkey, particularly benefiting children from the most socioeconomically disadvantaged groups, including CWD, as well as children living in locations and provinces most affected by the Syrian influx, child labour and low school participation.

[51] The role of civil society is also stressed in the Tenth NDP (e.g., paras. 132, 234-9, 1080).

33. The component will seek to achieve enhanced quality of education and early learning, as well as greater social inclusion. Through increasing access to quality child-friendly learning opportunities and child protection services, the partnership will strengthen the capacity and resilience of national systems, communities, families, professionals and children.

34. This component will also generate more opportunities for integration of adolescents who are, or are at a high risk of becoming, children in contact with the law, working children, children under state protection and out-of-school children; and it will also enhance humanitarian response and resilience benefitting children in emergency and post-emergency situations, including Syrian children under temporary protection.

35. These results require removing barriers related to the limited reach of public systems, increasing child-friendliness and enhancing national capacity. This will be achieved through better policy and standards, innovative and inclusive practices, better case management, more disaggregated administrative data systems in priority areas, such as probation, early learning and inclusive quality education. Through social mobilization and communication for social change, UNICEF will promote child-friendly social norms, such as good parental practices, and improve social attitudes towards child labour and inclusion of CWD in society.

36. The component will also support emergency and post-emergency situations with technical expertise and delivery of some essential services, in line with the UNICEF Core Commitments for Children in Humanitarian Action, the commitments of the Government of Turkey and the United Nations Regional Response Plans.

37. UNICEF will work in coordination with, and in support of, both emergency authorities and relevant line ministries. As a result, there will be a more resilient education system with greater capability to respond to emergencies, an increased access to quality child protection services, as well as better prevention of unnecessary family separation, with a particular focus on the needs of host communities.

Quality data, knowledge and advocacy for child rights

38. This component will contribute to filling data gaps, generating relevant knowledge on child rights issues, promoting well-informed public debate and evidence-based policy-making, as well as engaging the State and society in monitoring child rights, and supporting effective mechanisms for redress. This will contribute to more effective governance, thus enabling Turkey to accelerate the progressive realization of all rights for all children, especially the most disadvantaged.

39. Evidence-generation and policy dialogue will be the central strategies. UNICEF will engage line ministries, the Ministry of Development, the Turkish Statistical Institute, national and/or international academic institutions and think tanks in the production and dissemination of quality data and improved knowledge on child rights. This will include impact assessments of public sector reforms and innovative models in education, child care, and justice systems.

40. In addition, this component will undertake policy-oriented analysis of longstanding and emerging challenges, such as violence against children, child

poverty, disability, and the situation of Roma children. Regular reporting and analysis of available information by the Government and civil society will be promoted to generate an increased space for evidence-based dialogue among a wide range of political and social actors, following international best practices and standards.

41. Dialogue and collaboration will continue with Parliament, the Ombudsperson institution, judicial bodies, other government partners, professional associations and civil society, with the aim to increase child rights awareness among the public, to improve access to justice and to empower children, families and communities to report child rights shortfalls or violations and seek redress.

Gender equality among children and adolescents

42. This component will address the barriers that cause exclusion of many girls, especially but not exclusively among the most disadvantaged communities, including Syrian girls under temporary protection, from public life and professional opportunities. Support will be provided to the Ministry of National Education for the monitoring of the school enrolment, attendance, performance and completion of girls and boys, especially in secondary education, including Syrian girls and boys under temporary protection. The barriers to their full participation will be explored and addressed, and initiatives will be developed to ensure that they acquire the knowledge and skills needed to be equally active members of society. Other line ministries and public institutions will also be supported to ensure that girls acquire life skills and benefit equally from opportunities for social participation and engagement. Simultaneously, the enabling environment for girls' participation will be improved by positively influencing social expectations of their roles through public advocacy and communications, including cooperation with civil society. Empowerment of girls will be promoted, and children and young people themselves will be engaged to claim gender equality.

43. This component will also tackle the factors that cause tens of thousands of child marriages annually. Child marriage will be reduced through community involvement and prevention efforts supporting boys and girls, as well as through dialogue on more effective national normative frameworks, and victims' support.

Expanded partnership for children

44. This component will contribute to enhancing the existing Turkey-UNICEF partnership for children to include national, regional and global dimensions, with an initial focus on humanitarian action, inclusive quality education[52] and child protection. Advocacy and support will be provided for the strengthening of child rights principles and priorities in the international development and humanitarian policies and programmes of Turkey.

45. The country's experience, expertise and resources for children will be mapped, documented and leveraged for children in and outside Turkey through horizontal and triangular cooperation and multi-country initiatives. Exchange of knowledge and good practices for children across borders, particularly in the aforementioned focus areas, will be promoted. Innovative alliances for child rights, involving civil society, universities and other actors will be developed.

[52] In line with the Call to Action launched by regional education ministers in Istanbul (2013).

Cross sectoral

46. External communication and communication for social change will be important strategies. Partnerships and collaboration with Parliament, line ministries, local administrations and emergency authorities, United Nations agencies, international and national non-governmental organizations (NGOs) and networks, the private sector, professional associations, academia and the media, will be essential. Capacity development will be supported for local actors. UNICEF will mobilize its rights-based, culturally sensitive approach and international experience, and play a convening role among partners and sectors of society.

Summary budget table

(In thousands of United States dollars)

Programme component	*Regular resources*	*Other resources**	*Total*
Equity, social inclusion and resilience-building	1 050	25 000	26 050
Quality data, knowledge and advocacy for child rights	2 085	12 500	14 585
Gender equality among children and adolescents	250	10 000	10 250
Expanded partnership for children	350	1 000	1 350
Cross-sectoral	1 050	1 500	2 550
Total	**4 785**	**50 000**	**54 785**

* In addition to the amounts shown, significant amounts of OR-Emergency (up to $120 million) are expected to be raised in 2015-2016 under the Regional Refugee and Resilience Plans in response to the Syrian crisis.

Programme management

47. This country programme document outlines UNICEF contributions to national results for children, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

48. The country partnership contributes directly to four UNDCS pillars: Sustainable, Inclusive Growth and Development; Democracy and Human Rights; Gender Equality and Women's Empowerment; and Migration and International Protection, and will be implemented within the UNDCS framework.

49. Coordination will be ensured through the Child Inter-sectoral Board chaired by the Ministry of Development. Transparency, visibility and participation, including child participation, will be prioritized. UNICEF will further explore and diversify funding sources, including leveraging of national resources.

50. All components will receive financial support aligned to the Syria Regional Refugee and Resilience Plan (3RP) through emergency-related channels as well as from regular resources and other resources funding. The cross-sectoral component will contribute to the overall support to the other four outcomes, including communication.

51. External risks to programme implementation and results achievement arising from international tensions, economic difficulties, further emergencies, disasters or governance issues will be mitigated through close and regular dialogue among partners, increased knowledge partnerships and engagement with all sections of society. There will be close implementation of the Harmonized Approach to Cash Transfers, risk-informed planning and early warning systems, as well as strengthened emergency preparedness and response capacity.

Monitoring and evaluation

52. The country partnership will be monitored through annual, and thematic reviews involving programme partners and the Child Inter-sectoral Board. Scheduled evaluations and other assessments will be agreed among partners and included in UNICEF Planning for Research, Impact Monitoring and Evaluation (PRIME) system.

53. Where available data is insufficient, baseline studies/surveys will be undertaken with key partners, including academic institutions, in order to measure progress towards results. All monitoring of progress towards child rights realization will focus on measuring the reduction of bottlenecks and barriers faced by the most disadvantaged children and families. UNICEF contribution to UNDCS outcomes will be monitored and evaluated through the mechanisms established by the Government of Turkey and the United Nations Country Team.

54. Good practices and lessons learned will be documented to support child rights realization in Turkey and other countries. Where appropriate, technical assistance will be provided to strengthen national monitoring and reporting systems, including real-time data, and their use.

Annex

Results and resources framework

Turkey-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: articles 2, 4, 9, 13, 17, 18, 19, 20, 22, 23, 25, 28, 29, 30, 32, 36, 37, 38, 39, 40, 42
National priorities: Tenth National Development Plan pillar 2 (Qualified Individuals, Strong Society), esp. 2.1.1-Education, 2.1.7-Family and Women, 2.1.8-Children and Youth, 2.1.3-Justice; pillar 4 (International Cooperation for Development) National Child Rights Strategy, esp. goals 2-participation, 4-education, 6-protection services, 7-juvenile justice, 9-supervision, monitoring and evaluation
Sustainable Development Goals[1]**:** Poverty elimination Health and well-being at all ages Inclusive and equitable quality education and lifelong learning Gender equality and women's/girls' empowerment Inequality reduction within and among countries Peaceful and inclusive societies, access to justice and effective, accountable, inclusive institutions Global partnership for sustainable development
UNDCS outcomes involving UNICEF: *Pillar 1: Sustainable, Inclusive Growth and Development* 1.1-sustainable, equitable, job rich growth and development 1.2-equitable access to quality services for underserved populations *Pillar 2: Democracy & Human Rights* 2.1-protection and promotion of human rights, and participatory governance *Pillar 3: Gender Equality and Women's Empowerment* 3.1-social, economic and political participation of women and girls 3.2-promotion of gender equality and reduction of sexual and gender-based violence *Pillar 4: Migration and International Migration* 4.1-sustainable services to people under international protection **UNDCS outcome indicators measuring change that includes UNICEF contribution** –Percentage of five-year-olds enrolled in early learning programmes –Divergence in PISA scores between lowest and highest performers –Child labour rates –Adoption of comprehensive judicial reform strategy addressing needs of women, children and youth –Number of victims of crime identified by security institutions –Percentage of women aged 20-24 married or in union by age 18 –Percentage of refugee children benefiting from education

[1] Most relevant goals from http://sustainabledevelopment.un.org/focussdgs.html — accessed March 5th, 2015.

UNICEF Strategic Plan outcomes and priorities:

- SP5-Improved learning outcomes, equitable inclusive education
- SP6-Improved equitable prevention of and response to violence, abuse, exploitation and neglect of children
- SP7-Improved policy environment and systems for disadvantaged/excluded children, guided by improved knowledge/data
- Humanitarian Action
- Gender Equality

UNICEF outcomes	**Key progress indicators, baselines and targets**[2]	**Means of verification**	***Indicative* country programme outputs**	**Major partners, partnership frameworks**	***Indicative* resources** *(Thousands of United States dollars)*		
					RR	***OR***	***Total***
1. Equity increased through social inclusion and resilience-building	**Indicator 1.1:** Net enrolment ratio in early learning programmes (age 5) **Baseline:** 53.78% nationwide; gender gap-3.06 percentage points, provincial gap[3]-48.25 percentage points (2014-2015 school year). **Target:** 70% nationwide; gender gap-1, provincial gap-30 percentage points **Indicator 1.2:** Percentage of children enrolled in grades 9-12 absent for 10 or more days during first semester of school year **Baseline:** 32.70% **(2012/2013 school year)** **Target:** 20% **Indicator 1.3:** PISA scores in problem-solving and mathematics: share of low/top achievers; gender difference in scores (boys-girls) **Baseline:** (a) Problem-solving (2012): Low achievers-35.8%; Top achievers-2.2%; Gender difference-15	1.1 National Education Statistics, Ministry of National Education (MoNE) 1.2 Secondary Education M&E Report, MoNE 1.3 PISA Results, OECD 1.4 Child Labour Survey 2012, Turkish Statistics (TurkStat) 1.5 Ministry of Justice (MoJ)	**Policies and practices are strengthened to ensure equitable access to quality early learning** **Policies and practices are strengthened to ensure quality and inclusive secondary education** **Policies and practices are strengthened to ensure child protection measures are further strengthened and aligned with international standards** **Policies and practices are strengthened to reduce child labour**	Ministry of Development (MoD); Ministry of National Education (MoNE); Ministry of Family and Social Policies (MFSP); Ministry of Justice (MoJ); Ministry of Labour and Social Security; Ministry of Youth and Sports; Ministry of Interior; Disaster and Emergency Presidency (AFAD); Directorate General of Migration Management (DGMM); municipalities Justice Academy; High Council of Justice and Prosecutors; Union of Turkey Bar Associations	1 050	25 000	26 050

[2] All targets are to be achieved by 2020.

[3] Difference between the best- and worst-off provinces.

	(b) Mathematics (2012): Low achievers-42%; Top achievers-5.9%;Gender difference-8 **Target:** a) Problem solving: Low achievers-30%; Top achievers-7%; Gender difference-10 (b) Mathematics: Low achievers-37%; Top achievers-11%; Gender difference-3 **Indicator 1.4:** Percentage of children engaged in economic activity **Baseline:** 5.9% (age 6-17); 2.6% (age 6-14); 15.6% (age 15-17) **Target:** 4% (age 6-17); 1.5% (age 6-14); 10% (age 15-17) **Indicator 1.5:** Percentage of child offenders who receive suspended sentences (including probation measures) as alternatives to imprisonment **Baseline: 22%** (40,000/180,000) **Target:** 50% ***Indicator* 1.6:** Percentage of children under State support living in a family environment (including socioeconomic support as prevention of family separation) **Baseline** (Dec. 2014): 83% (65,094/78,665) **Target**: 90%. **Indicator* 1.7:** Percentage of Syrian children in Turkey accessing approved and monitored education services	1.6 Ministry of Family and Social Policy (MoFSP) reports 1.7 YOBIS, MONE and AFAD reports 1.8 MoFSP and AFAD reports	**Policies and practices are strengthened to further align justice for children with international standards** **The education system has enhanced resilience for responding to the implications of the Syrian crisis and other emergencies***	Turkish Red Crescent Society; international and national civil society organizations (CSOs)/networks; universities/research institutions; the media; other stakeholders; young people and children; private sector. United Nations Country Team (UNCT); United Nations agencies in Turkey; UNICEF CEE/CIS and MENA Regional Offices			

	Baseline: 35% overall, 25% in host communities, 92% in camps, x% girls, x% boys (tbd based on new MoNE database (YOBIS) by end-2015 **Target:** tbd Dec 2015 **Indicator 1.8:** Number of Syrian children (and adolescents) in Turkey with access to psycho-social support services **Baseline:** 103,500 (Jan 2015) **Target:** 150,000						
2. Quality data, knowledge and advocacy for child rights strengthened	**Indicator 2.1:** Number of child-rights-specific policy documents informed by evidence that are generated in line with international standards **Baseline:** not applicable **Target:** minimum two per year **Indicator 2.2:** Percentage of child rights complaints to the Ombudsperson institution acted upon (annually) **Baseline:** tbd by Dec 2015 **Target:** tbd by Dec 2015 **Indicator 2.3:** Number of national CSOs that publish child rights-specific reports annually **Baseline:** tbd by Dec 2015 **Target:** tbd by Dec 2015	2.1, 2.3 joint Ministry of Development (MOD) and UNICEF monitoring 2.2 reports of Ombudsperson institution	**Availability and use of knowledge is increased for upholding child rights** **Diversified partnerships are increased for enhanced monitoring/ reporting on child rights**	MoD; line ministries; Turkish Statistical Institute National rights-based CSOs/networks and professional organizations; UNICEF National Committee; universities/research institutions; the media; other stakeholders; young people and children, private sector Parliament; Ombudsman institution; political parties UNCT; Regional Office	2 085	12 500	14 585

3. Gender equality among children enhanced and sustained into adolescence	**Indicator 3.1:** Percentage of women aged 15-19 and 20-24 not in employment, education or training **Baseline:** 28% (age 15-19), 49% (20-24) (2013) **Target:** 24% (15-19), 45% (20-24) **Indicator 3.2:** Number of provinces with net enrolment rate in grades 9-12 at least 3 percentage points lower for girls than boys **Baseline**: 15 (2014/2015 school year) **Target:** 12 **Indicator 3.3:** Percentage of women aged 20-24 reporting having been married or in union by age 18 **Baseline:** 14.7% (2013) **Target:** 10%	3.1 OECD database 3.2 National Education Statistics, MoNE 3.3 Demographic and Health Survey	**Policies and practices are enhanced to increase girls' empowerment through secondary education, social participation and life skills** **Girls and boys and other stakeholders are engaged to reduce child marriage.**	MoD; MoNE; MFSP; other line ministries; Ministry of Interior; Department of Religious Affairs; municipalities National rights-based CSOs/networks and professional organizations; universities/research institutions; the media; other stakeholders; young people and children; private sector Parliament; political parties UNCT	250	10 000	10 250
4. Turkey-UNICEF expanded partnership for children	**Indicator 4.1:** Number of international cooperation initiatives benefitting from knowledge generated in Turkey and validated based on international standards **Baseline:** not applicable **Target:** minimum two per year **Indicator 4.2:** Proportion of Turkey's total bilateral, sector-allocable ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation) **Baseline:** tbd based on upcoming MDG report **Target:** tbd	4.1, 4.2 joint MOD and UNICEF monitoring	**More knowledge is generated and disseminated across borders for inclusive quality education, child protection and child-focused humanitarian action.** **Turkey contributes to more triangular cooperation and thematic initiatives for inclusive quality education, child protection and child-focused humanitarian action across borders.**	MoD; Ministry of Foreign Affairs; MoNE; MFSP; other line ministries; AFAD; DGMM Turkish Red Crescent Society; international and national CSOs/networks; universities/research institutions; private sector UNCT; UNICEF headquarters; Regional Office	350	1 000	1 350

5. Cross-sectoral	Effective development, planning, coordination, delivery and monitoring of country programmes results	Periodic reviews and evaluations of programme components	**Guidance, tools and resources to effectively design and manage programmes are available to UNICEF and partners.** **Strategies to address cross-cutting issues related to child rights implemented.**		1 050	1 000	2 550
Total resources					**4 785**	**50 000**	**54 785**

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